



Authorization for Background Check

Client Company _____

Employee/ First Name: _____ Last Name: _____

Submitted By _____ Date: _____

Individual Full Name: _____

Last Known Address: _____

City: _____ State: _____ Zip: _____

Social Security: _____ Date of Birth (if known): _____

Driver License: _____ State (if known): _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Telephone: _____

Employee Signature

Supervisor Signature

Please inform me of results by: Telephone _____

Telephone Number: _____

Fax: _____

Fax Number: _____

E-mail: _____

E-mail Address: _____

(OFFICE USE ONLY)

Date results were released: _____
