# Release Authorization

I do hereby authorize ADS Background Screening, LLC to make any inquiries necessary to perform a background check on me. I understand that the results of this background check will be provided to my employer/landlord, and that my employer/landlord will provide a copy to me as well if requested to do so.

I release ADS Background Screening, LLC and it's agents from any and all liability, including acts of negligence by ADS Background Screening, LLC, and responsibility, damages and claims of any kind whatsoever arising from the disclosure of my background. I specifically waive any confidential relationship of privacy, which may exist and completely release ADS Background Screening, LLC. Furthermore, I understand and agree that ADS Background Screening may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, criminal record, civil matters, previous employment, educational background, and other past experiences.

## ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. **Upon receipt of such a written request, ADS will email or mail the completed Report you as soon as it is available.**

I agree and understand that a photocopy of this authorization may serve as an original.

Signature _____ Date _____

Email: _____

Applicant Full Name _____
First Middle Last

Maiden Name _____ Month/Year Changed _____
Phone Number H-_____ Cell/wk- _____

Social Security Number _____

Date of Birth _____

Drivers License Number _____ State Issued _____

Have you ever been convicted, plead guilty to, or admitted guilt to any criminal offense not including a traffic violation:
(circle one) Y N

If yes, what was the offense? _____

Date of Conviction or Plea _____ Place of Conviction or Plea _____

Are any criminal charges, not including traffic violations, currently pending against you? Y N

If yes, please state the charge(s) pending and the court in which such charges are pending.

_____

**Provide addresses for the past five years starting with your current address.**

From (mo/yr) _____ To _____

Address _____ City _____ State _____ Zip

From (mo/yr) _____ To _____

Address _____ City _____ State _____ Zip

From (mo/yr) _____ To _____

Address _____ City _____ State _____ Zip

From (mo/yr) _____ To _____ State _____

Address City State Zip