

## APPLICANT RELEASE AND AUTHORIZATION FORM

I hereby authorize \_\_\_\_\_, or authorized representatives of the company bearing this release to obtain and release any information pertaining to my background, including any of the services noted below, for employment or volunteer purposes. I hereby fully release and discharge my prospective employer or other source providing information from all claims and damages arising out of or relating to any investigation of my background for said purposes.

APPLICANT SIGNATURE:	
APPLICANT NAME (PRINTED):	
DATE:	

PLEASE PROVIDE SEVEN (7) YEARS OF RESIDENTIAL HISTORY.  
ADDITIONAL YEARS SEARCHED AT CLIENT'S REQUEST.

<b>APPLICANT INFORMATION</b>		
First Name	Middle Name	Last Name

(PLEASE PRINT CLEARLY)

<b>ALIAS INFORMATION (1)</b>		
First Name	Middle Name	Last Name

(PLEASE PRINT CLEARLY)

<b>ALIAS INFORMATION (2)</b>		
First Name	Middle Name	Last Name

(PLEASE PRINT CLEARLY)

<b>ALIAS INFORMATION (3)</b>		
First Name	Middle Name	Last Name

(PLEASE PRINT CLEARLY)

**APPLICANT RELEASE AND AUTHORIZATION FORM**  
(CONTINUED)

<b>OTHER INFORMATION</b>	
Date of Birth:	
Social Security Number:	
Mother's Maiden Name:	
Drivers License Number:	
State Drivers License Is Issued:	

(PLEASE PRINT CLEARLY)

<b>CURRENT ADDRESS</b>
Street

City	State	Zip Code	County

Date From:	Date To:

(PLEASE PRINT CLEARLY)

<b>PREVIOUS ADDRESS (1)</b>
Street

City	State	Zip Code	County

Date From:	Date To:

(PLEASE PRINT CLEARLY)

**APPLICANT RELEASE AND AUTHORIZATION FORM**  
(CONTINUED)

<b>PREVIOUS ADDRESS (2)</b>
Street

City	State	Zip Code	County

Date From:	Date To:

**(PLEASE PRINT CLEARLY)**

<b>PREVIOUS ADDRESS (3)</b>
Street

City	State	Zip Code	County

Date From:	Date To:

**(PLEASE PRINT CLEARLY)**

**APPLICANT RELEASE AND AUTHORIZATION FORM  
(CONTINUED)**

<b>PREVIOUS ADDRESS (4)</b>
Street

City	State	Zip Code	County

Date From:	Date To:

**(PLEASE PRINT CLEARLY)**

<b>PREVIOUS ADDRESS (5)</b>
Street

City	State	Zip Code	County

Date From:	Date To:

**(PLEASE PRINT CLEARLY)**

**IMPORTANT: FOR CLIENT USE ONLY**

**Mark an "X" to select any of the following:**

**ALIAS/AKA**

Would you like NBI to also check Alias/Other name given? : Yes \_\_\_\_\_ No \_\_\_\_\_

(Be advised there is an additional charge for each alias name requested)

**CRIMINAL HISTORY RECORD SEARCH**

Current Address \_\_\_\_\_ 1<sup>st</sup> Previous Address \_\_\_\_\_ 2<sup>nd</sup> Previous Address \_\_\_\_\_

3<sup>rd</sup> Previous Address \_\_\_\_\_ 4<sup>th</sup> Previous Address \_\_\_\_\_ 5<sup>th</sup> Previous Address \_\_\_\_\_

Other Comments: \_\_\_\_\_

**STATEWIDE SEARCHES**

<input type="checkbox"/>	Alabama
<input type="checkbox"/>	Delaware
<input type="checkbox"/>	Illinois
<input type="checkbox"/>	Maryland
<input type="checkbox"/>	Nebraska
<input type="checkbox"/>	Oregon
<input type="checkbox"/>	South Dakota
<input type="checkbox"/>	Wisconsin

<input type="checkbox"/>	Arkansas
<input type="checkbox"/>	Florida
<input type="checkbox"/>	Indiana
<input type="checkbox"/>	Michigan
<input type="checkbox"/>	New Jersey
<input type="checkbox"/>	Pennsylvania
<input type="checkbox"/>	Texas

<input type="checkbox"/>	Colorado
<input type="checkbox"/>	Georgia
<input type="checkbox"/>	Kentucky
<input type="checkbox"/>	Minnesota
<input type="checkbox"/>	New York
<input type="checkbox"/>	Rhode Island
<input type="checkbox"/>	Utah

<input type="checkbox"/>	Connecticut
<input type="checkbox"/>	Iowa
<input type="checkbox"/>	Maine
<input type="checkbox"/>	Missouri
<input type="checkbox"/>	North Carolina
<input type="checkbox"/>	South Carolina
<input type="checkbox"/>	Washington

**OTHER SEARCHES**

<input type="checkbox"/>	Bankruptcy Search	<input type="checkbox"/>	International Investigation (Please specify country)
<input type="checkbox"/>	Civil Judgment - Lower Court	<input type="checkbox"/>	Maryland Registration
<input type="checkbox"/>	Civil Judgment - Upper Court	<input type="checkbox"/>	Maryland Traffic Court
<input type="checkbox"/>	Credit Profile	<input type="checkbox"/>	Motor Vehicle Report (Please specify state)
<input type="checkbox"/>	Federal Civil	<input type="checkbox"/>	State Sexual Offender Registry (Please specify state)
<input type="checkbox"/>	Federal Criminal Record Search	<input type="checkbox"/>	State Tax Lien Search
<input type="checkbox"/>	Federal Tax Lien Search	<input type="checkbox"/>	"U.S. Search" / Sexual Offender Registry
<input type="checkbox"/>	FRS PASST / Social Security	<input type="checkbox"/>	Worker's Compensation

**VERIFICATIONS** (please specify number of items)

<input type="checkbox"/>	Education	<input type="checkbox"/>	Professional License
<input type="checkbox"/>	Employment	<input type="checkbox"/>	Personal Reference
<input type="checkbox"/>	Residential	<input type="checkbox"/>	

**INTERNATIONAL INVESTIGATIONS** (please specify search types above)

City/Province:	
Country:	
Postal Code:	