CONSENT FOR RELEASE OF INFORMATION

Please complete the following information for background identification purposes: Name (As it appears on your driver's license, social security card and/or I.D. card)

Please		
PrintFirst	Middle	Logt
FIISt	Middle	Last
Indicate any other names you have resume (maiden name, other marrie		syment application or
Print		
List all addresses where you have r number, street name, city, state and	1 0	rs. Include the street
Present Address		
Previous Addresses		
License Number	Issuing Stat	e
Social Security Number	Date of	f Birth
In accordance with the Privacy Act Fair Credit Reporting act, I express educational institution, past or pres governments), any military organiz (federal/state/local), any credit reporting office, or any person who has person who h	sly authorize any person associatent employer (including federal actions (federal/state), any law orting agency, any private/publication and/or applicable rehabilitation mation to any background agenting considered for employment ees, agents and any other personant of nature, whether known at of 1) reliance by such personate of pursuant to this authorization thorization and 4) termination is suant to this authorization. I he	ated with any al/state/local enforcement agency lic medical institution or er, work history, medical history) and overall necy used by this t. I hereby agree to ons from any and all or unknown, which may as or entities on the by such persons or 1, 3) compliance with or of my employment
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