



AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

I authorize VeriScreen, Inc. to obtain and prepare an investigative consumer report, as part of its investigation of my employment or volunteer application. This authorization shall remain in effect over the course of my employment or volunteer time.

Full Name: _____ Signature: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

DOB: _____ SS# _____ Driver's License Number: _____

Email: _____