

## AUTHORIZATION FOR RELEASE OF INFORMATION & RECORDS

Investigative Associates & Consultants, Inc. (336) 768-7040 Telefax: (336) 768-2728 E-mail: info@iacinvestigations.com

I, \_\_\_\_\_, understand that in consideration of my application, an investigation will be conducted. I authorize \_\_\_\_\_, (hereafter known as the Requestor) through its agent, **Investigative Associates & Consultants, Inc.**, to conduct such an investigation which may include, but not be limited to, the gathering of information regarding verification of prior employment, education, references, consumer credit history, driving history, and any criminal history which may be in files of any state, federal, or local criminal justice agencies. I understand that I have the right to request, in writing, a complete and accurate disclosure of the nature and scope of this investigation. I further understand that at any time during the course of my affiliation with, the Requestor, through its agent, **Investigative Associates & Consultants, Inc.**, in accordance with all applicable state and federal laws, may obtain additional or supplemental investigative reports to be used in connection with my association as an affiliate of the Requestor. **I understand that the information requested below regarding sex, race, date of birth, and maiden name is for the sole purpose of gathering information accurately.**

_____	_____	_____	_____	_____	_____	_____
Last	First	Middle	Social Security #	Mo.	Day	Yr
(Please print Full Name – Do not use initials)				Date of Birth		

_____	_____	_____	_____	_____
Maiden, Previous Married, and all other Alias names used	Driver's license #	State	Sex	Race

_____	_____
Applicant's Telephone Number	Applicant's email address

_____	_____	_____	Yr	Mo
Present Address	City/State	Zip/County	How long?	

**List all other addresses used for the past 7 years - use additional page(s) if needed.**

_____	_____	_____	Yr	Mo
Previous Address	City/State	Zip/County	How long?	

_____	_____	_____	Yr	Mo
Previous Address	City/State	Zip/County	How long?	

**If you have lived in the following states within the last seven years; Georgia, New Hampshire, Nevada, New Jersey, Ohio, South Dakota, or West Virginia you will be asked to complete an additional form in order to complete your application.**

**If you have lived in Delaware, Nevada, Ohio, South Dakota, West Virginia or Wyoming, you will need to obtain the appropriate fingerprint card(s) in order to complete your application.**

**A telephone facsimile or photographic copy of this authorization shall be as valid as the original.**

_____	_____
Applicant's Signature	Date

☐ **Checking this box signifies an electronic signature**