

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize your agency to furnish **COVENANT CEDARS** or their appointees, any information that you have concerning my work record, driving record, education, record, reputation, criminal record, or any information they might request. Information of a confidential or privileged nature may be included. I further authorize copies of those records to be made and given to the above named firm, if requested.

I am aware that the information provided will be used by **COVENANT CEDARS** or their appointees, in their background investigation of me. I hereby release your agencies and others, or their appointees, from any liability or damage which may result from the information released.

I also acknowledge that **COVENANT CEDARS**, or their appointees, may contact consumer reporting agencies and any other person or agency which may have information about me. I am authorizing any person to provide any information, any consumer report, or any investigation report regarding information about me. Copies of this information may also be obtained by **COVENANT CEDARS** or their appointees.

NAME: _____
(Please print full first, middle, and last name clearly)

CURRENT ADDRESS: _____
Street Apt. #

CITY: _____ STATE: _____ ZIP: _____

PREVIOUS ADDRESS: _____
Street Apt. #

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ DATE OF BIRTH: ____/____/____

DRIVERS LICENSE NUMBER: _____ DATE ISSUED: ____/____/____

PREVIOUS OR OTHER NAMES USED: _____

SIGNATURE: _____ DATE ____/____/____

A photocopy reproduction of this request shall be used for all intents and purposes as valid as the original.