Omni Investigative Services

Agent of _____(company name)

Release Authorization
Strictly Personal & Confidential

In connection with a proposed business relationship (e.g., offer of employment, continuing employment or other employment or contractor related investigations, including contract services) with _____ (hereafter, the Company), I understand that background check and/or consumer reports which may contain public record information will be obtained through various third party consumer reporting agencies from federal, state, and other agencies which maintain such records; as well as information from various third party consumer reporting agencies concerning previous record requests made from such agencies.

I understand and consent to the Company, its agents, employees or affiliates, obtaining investigation reports about me. Examples of reports the Company may obtain include (but not limited to) criminal records, motor vehicle driving records, credit histories, reference checks, past employment and educational verification, and investigations into Social Security Number verification, civil record history, theft, fraud, harassment and workplace violence.

I authorize and release from liability, without reservation, any party or agency and the Company, their heir or assigns or any agency directed by the Company, their heirs or assigns, to furnish this information now and at any time during my relationship with the Company. I understand and agree that if for any reason I fail to meet the minimum qualifications set by the Company policy for satisfactory background records, I will be denied a business relationship with the Company, including employment or contract services.

I have the right to make a request to any third party consumer reporting agency (the agency), upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which the agency has previously furnished within the two years preceding my request. I hereby consent to your obtaining the above information from any third party consumer reporting agency (the agency), and I agree that such information which the agency has or obtains (including your access of the information), may be supplied by the agency to other companies who subsequently are authorized by me to obtain this information.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

_____ _____

Full Name Last First Middle Date of Birth

_____

Home Address City State Zip County

_____ _____

Social Security Number Driver's License Number State of Issuance

_____ _____

Signature Date