

## AUTHORIZATION FOR RELEASE OF INFORMATION

To: Any registrar, dean, principal, or other authorized person or school (university, college, high school, vocational school, or other); any former employer; any law enforcement agency; any department or agency of a city, county, state or federal government; any person having knowledge of my conduct or activities; or any concerned credit bureau.

I hereby authorize PFC Information Services, or authorized representative bearing this release or copy thereof, and the requester listed below to conduct a background check including, but not limited to, educational records, workers' compensation records, court documents or other public records, driving records, criminal records, employment records, or credit reports. I authorize all persons who may have information relevant to this check to disclose this information to PFC Information Services, or its agent, and I hereby release all persons from liability on account of such disclosure. This release shall remain in effect for the future preparation of consumer reports, unless I revoke this authorization in writing and send a copy of the revocation to PFC Information Services, Inc. I hereby further authorize that a photocopy or fax of this authorization can be considered as valid as an original. Should there be any questions as to the validity of this release, I can be contacted as indicated below.

**THIS SECTION IS TO BE COMPLETED BY THE APPLICANT**

SIGNATURE OF APPLICANT \_\_\_\_\_ (Date)

NAME ON DRIVER'S LICENSE \_\_\_\_\_  
(First) (Middle) (Last)

PERMANENT ADDRESS \_\_\_\_\_  
(Street) (City) (County) (State) (Zip)

PLEASE TELL US ABOUT OTHER NAMES & ADDRESS USED DURING LAST 10 YEARS:

City, State, Zip	Name Used	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year) SOCIAL SECURITY # \_\_\_\_-\_\_\_\_-\_\_\_\_

DRIVER'S LICENSE (DL) # \_\_\_\_\_ DL ISSUING STATE \_\_\_\_\_

**Note:** Signature of applicant constitutes acknowledgement by the applicant that he/she is aware that an investigative report and/or consumer report may be ordered. The applicant may request a copy of the investigative and/or consumer report by checking the following box.

**Please NEATLY provide your email/mailling address if a copy is desired:**

PFC Information Services, Inc. at 6114 La Salle Ave. #638, Oakland, CA 94611. Phone: 510.336.9761. Fax: 510.336.9791.

**THIS SECTION IS TO BE COMPLETED BY THE REQUESTER OF THE REPORT**

REQUESTER \_\_\_\_\_ COMPANY \_\_\_\_\_ EMAIL \_\_\_\_\_

**PLEASE PRINT CLEARLY: APPLICANT'S Date of Birth, Social Security Number, and Driver's License #**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ (Date of Birth - Month/Day/Year) \_\_\_\_-\_\_\_\_-\_\_\_\_ (SSN) \_\_\_\_\_ (DMV #)

- |                                                    |                                                                                                    |
|----------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Criminal Records          | <input type="checkbox"/> National Sex Offender Registry                                            |
| <input type="checkbox"/> Federal Courts            | <input type="checkbox"/> Social Security Number Verification                                       |
| <input type="checkbox"/> Civil Litigation Records  | <input type="checkbox"/> Driving Record                                                            |
| <input type="checkbox"/> National Wants & Warrants | <input type="checkbox"/> Civil Protective Orders                                                   |
| <input type="checkbox"/> National Criminal File    | <input type="checkbox"/> Educational Verification (Attach Names of Schools/Dates)                  |
| <input type="checkbox"/> Credit Report             | <input type="checkbox"/> Drug Screen: <input type="checkbox"/> Hair <input type="checkbox"/> Urine |

**Name(s) for Criminal/Civil Checks (City/State)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Location(s) for Criminal/Civil Checks (City/State)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_