

**PINKERTON CONSULTING & INVESTIGATIONS
AUTHORIZATION FOR RELEASE OF INFORMATION**

In connection with my application for employment, I authorize Pinkerton Consulting & Investigation services and their respective agents, to solicit information about my criminal background, credit, social security, driving, employment, academic, and general public records history.

I AUTHORIZE, WITHOUT RESERVATION; ANY GOVERNMENT AGENCY CONTACTED BY PINKERTON CONSULTING AND INVESTIGATIONS OR THEIR RESPECTIVE AGENTS, TO FURNISH THE ABOVE REFERENCED INFORMATION.

I release Pinkerton Consulting & Investigations, their respective employees, agents and government agencies providing information or reports about me from any and all liability arising out of the release of any such information or reports.

NAME (Print) _____
(First) (Middle) (Last)

OTHER NAMES USED (including Maiden names) _____

CURRENT ADDRESS _____

COUNTY _____ CITY _____ STATE _____

ZIP CODE _____ NUMBER OF YEARS AT THIS ADDRESS _____

PRIOR ADDRESS _____

COUNTY _____ CITY _____ STATE _____

ZIP CODE _____ NUMBER OF YEARS AT THIS ADDRESS _____

TELEPHONE NUMBER _____ DATE OF BIRTH _____

DRIVERS LICENSE # _____ STATE OF ISSUE _____

EXPIRATION DATE: _____ SOCIAL SECURITY NUMBER _____

NAME OF MOST RECENT EMPLOYER _____

ADDRESS _____

COUNTY _____ CITY _____ STATE _____

ZIP CODE _____ # OF YEARS EMPLOYED AT THIS ADDRESS _____

SIGNATURE _____ DATE _____

(Parent signature, 1f under 18)

WITNESS _____

Return via Fax to:

Information needed:

