

Specialty Resources Group

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AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date in ink

I authorize any investigator or other duly accredited representative conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the investigator or duly accredited representative conducting my investigation to disclose the record of my background investigation to the requesting entity for the purpose of making a determination of suitability or eligibility for employment.

I understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date.

I authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator or duly authorized representative regardless of any previous agreement to the contrary.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for one (1) year from the date signed.

Signature

Full Name

Date Signed