

AUTHORIZATION TO OBTAIN RECORDS AND OTHER INFORMATION

Waiver

I hereby authorize Security Information Legal Systems, Inc. to obtain credit reports, consumer reports, investigative consumer reports, medial information, Worker's Compensation reports, school records, police and law enforcement agency reports, injury reports, Bureau of Motor Vehicles, court and criminal searches, references and other information about me, which may include information obtained from prior employers, personal references, knowledgeable acquaintances, neighbors and friends as to my character, general reputation, job performance, personal characteristics and mode of living.

I release such person, businesses, corporations, institution, medial establishments, local state and federal law enforcement agencies and all government agencies from any and all liability of any type as a result of providing the above mentioned information to Security Information Legal Systems, Inc. or their authorized agents.

I hereby release and discharge Security Information Legal Systems, Inc., their employees, agents, successors and assigns, from any and all liability that may arise out of the investigation of my background as set forth herein.

I have read and understand the release/waiver in its entirety, and have authorized Security Information Legal Systems, Inc. and _____ (company name) to obtain the records and information listed in this release/waiver. Please print legibly.

Signature

Date

Print Full Name and/or Maiden Name

Social Security Number

Current Address, City, State, and Zip Code

Driver License Number

Date and Place of Birth

Name of High School Attended, Date of Graduation: (high school) (month & year)

Name of College Attended, Date of Graduation, Degree