



Angelman's Inc.

Authorization for Release of Information for _____.

Background Screening Disclosure

I hereby authorize *Angelman's Inc.* and its designated agents and representatives to conduct a comprehensive review of my background through consumer report and/or an investigative consumer report to be generated for _____ (reason). I understand that the scope of the consumer report/investigation consumer report may include, but it not limited to, the following areas: names and dates of previous/current employment, work experience, workers compensation claims, criminal history records (from local, state, federal, international and other law enforcement agencies' records), sexual offender's list, wants and warrant records, motor vehicle records, military records, educational verifications, license verifications, credit history, civil cases, OIG/GSA, OFAC/patriots act, any sanction lists, FBI fingerprinting and drug testing. Upon Request, *Angelman's Inc.* will supply a copy of the completed consumer report along with a copy of an individual's right under the Fair Credit Reporting Act. All information will be provided to the designated representative at _____ (company name).

Authorization and Release

I, _____, authorize the complete release of these records or data pertaining to me which an individual company, firm, corporation, or public agency may have. I authorize the full release of the information described, without any reservation, throughout any duration at/for _____ (company name). I hereby release *Angelman's Inc.* and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individual and collectively, from any and all liability for damages or whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization for release of information. I certify that all information provided below and on my resume is correct to the best of my knowledge. Any false statements provided in this form and my resume will be considered just cause for the termination of employment at any time. This authorization and consent shall be valid in original, fax, email, or copy form. All information will be provided to the designated representative at _____ (company name).

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

Applicant's Name

Maiden/AKA/Previous Names

Signature

Date

Social Security #

Birthday

Diver License Number & State

Current Address

City

State

Zip

Phone #