

Requester _____

BACKGROUND INVESTIGATION RELEASE FORM

I _____, hereby authorize The Phillips Agency, Inc. and /or its agents to conduct an investigation of my Criminal Record including any records maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application. I also authorize The Phillips Agency, Inc. to obtain information regarding my Employment History, Education History, Driving History and Credit History. I release The Phillips Agency, Inc. and any person or entity which provides information to The Phillips Agency, Inc. and from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above referenced sources. I also understand and will expect that The Phillips Agency, Inc. may contact me before conducting this investigation to obtain other relevant information and to confirm my consent to this investigation. A photocopy of this authorization shall be deemed an original and shall be accepted as such by every person.

Signature

Date

Please print the following information clearly

Last Name

First Name

Middle Name

Maiden Name or Other Names Used

Personal Information

(Date of Birth)

(Social Security Number)

(Drivers License Number)

(Drivers License State)

(Sex)

(Race)

Present Address

Former Address

Address _____
(Street)

Address _____
(Street)

(City) (State) (Zip)

(City) (State) (Zip)

Services Requested: (OFFICE USE ONLY)

- SSN Trace/Verification
- Criminal Search
- Driving History
- Credit History

- OFAC Report
- OIG Excluded Parties Report
- US One National Search
- Federal Criminal

Requestor's Name _____