## Backgrounds Plus LLC for Donnelly College

## **AUTHORITY TO RELEASE INFORMATION** Please complete form, sign, date, and return to <a href="https://example.com/HR@donnelly.edu">HR@donnelly.edu</a> Thank you. First Name: \_\_\_\_\_\_Middle Name: \_\_\_\_\_ Last Name: Current Address: (Street, city, state, zip) Social Security #: \_\_\_\_\_ Date of Birth mm/dd/yyyy: \_\_\_\_\_ Date of Birth and Social Security # are being requested in order to obtain accurate retrieval of records. Previous Address: (Street, city, state, zip) Phone Number: Sex: I hereby authorize any officer, or authorized representative of Backgrounds Plus LLC. bearing this release or copy thereof to obtain any information you may have pertaining to my employment, residence, military, credit, criminal, driving or educational records, including, but not limited to, academic achievement, attendance, athletic, personal history, disciplinary records, payment history, and complete residence history. I hereby direct you to release such information upon the request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of Backgrounds Plus LLC. and its client. Consent is granted for Backgrounds Plus LLC to furnish such information, as is described above, to third parties while fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and any school, college, university, consumer reporting agency, or retail business establishment, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of any kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information. Should any questions arise about the validity of this release, you may contact me as indicated. **SIGNATURE** DATE