Employee Release

AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION - Obtain prior written authorization from the consumer. Sample language authorizing access to reports during the term of employment is shown below:

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit _______to obtain a consumer report and/or an investigative consumer report which may include the following:

- 1. My employment records;
- 2. Records concerning any driving, criminal history, credit history, civil record, workers' compensation (post offer only) and drug testing;
- 3. (For truck drivers only) In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances for the past 3 years;
- 4. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living, which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize ______ to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment. NOTE: Except for those states where an annual release is required, i.e. California (CALIFORNIA –Continuing consent concept is inapplicable and a separate authorization must be requested each time a report is ordered. - CA Civ. Code 1786.22)

Full Name			
	(Please print clearly)	Signature	Date
Address:		DOB:	
	DISCLAIMER: THIS FORM IS NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND.		
	LEGAL ADVICE SHOULD BE SOUGHT FROM YOUR ATTORNEY. WE MAKE NO CLAIMS,		
	PROMISES OR GUARANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACY OF		
	THE INFORMATION CONTAINED	HEREIN. WE MAKE NO WARRANTY THAT	THIS FORM IS
	APPROPRIATE FOR YOUR PARTICU	JLAR NEEDS. PLEASE CONTACT YOUR LEG	GAL OR HUMAN
	RESOURCE DEP ARTMENT FOR Y	OUR SPECIFIC GUIDELINES TO YOUR OR	GANIZATION.