

BACKGROUND SCREENING AUTHORIZATION

I authorize all corporations, companies, former employers, supervisors, credit agencies, educational institutions, law enforcement/criminal justice agencies, city, state, county and federal courts, state motor vehicle bureaus, military services and persons to release information they may have about me to the person or company with which this authorization has been filed, or their agent, Fidelifacts/Metropolitan New York, Inc. I release all parties involved from any and all liability for damages arising from requesting, procuring or furnishing the requested information except with respect to a violation of the Fair Credit Reporting Act. I authorize Fidelifacts/Metropolitan New York Inc to receive any criminal history information pertaining to me in the files of any state or local criminal justice agency in Georgia.

****NOTE**** Your signature must be a wet (handwritten) Signature.

Applicant's Signature

Print Name

Date

Other Name(s) Used

Social Security Number

Date of Birth

Driver ID Number

State

Current Address

City or Town

State

Zip Code

Previous Address

City or Town

State

Zip Code