

RELEASE AUTHORIZATION

In connection with my application with _____, I understand that you will be requesting information concerning criminal history from various state, private and insurance sources along with other public records available.

I HEREBY AUTHORIZE, WITHOUT RESERVATION, ANY LAWFUL ENFORCEMENT AGENCY, ADMINISTRATOR, STATE AGENCY, INSTITUTION, INFORMATION SERVICE BUREAU, EMPLOYER OR INSURANCE COMPANY CONTACTED BY ACCUSEARCH TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I further acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release includes all state and federal agencies. According to the Fair Credit Reporting Act, I am entitled to know if my application is denied because of information obtained from a consumer reporting agency. If so, I will be advised and be given the name of the agency or the source of information.

DATE: _____ SIGNATURE: _____

The following must be filled out completely for your application to be considered. (Please print)

LAST NAME FIRST NAME MIDDLE INITIAL

HOME ADDRESS

CITY STATE ZIP

SOCIAL SECURITY NUMBER DATE OF BIRTH

DRIVER'S LICENSE NUMBER STATE DRIVER'S LICENSE WAS ISSUED

AccuSearch, Inc., is verifying this information. Any information or questions should be directed to the following address:

AccuSearch, Inc.
Post Office Box 28297
Bellingham, WA 98228
Phone (360) 752-1855
Fax (360) 752-1866
Email: accusearchinc@qwest.net