



AUTHORIZATION TO RELEASE INFORMATION

As part of Charleston Collegiate's hiring background and investigation, we may prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history as well as obtaining criminal history reports and motor vehicle records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation as well as a copy of your Rights under the Fair Credit Reporting Act.

_____	_____	_____	_____	_____
First Name	Middle Name	Last Name	Date of Birth	
_____		_____	_____	_____
Current Street Address		City	State	Zip Code
_____		_____	_____	_____
Social Security Number _____ - _____ - _____		Driver's License # _____		State _____
_____		_____		_____
Email _____				

Addresses for the Past Seven Years: (include street, city, state, zip code) Dates of Residence:

Other Names Used: (including maiden name) Years Used

I hereby authorize verification of all information in my employment application from all sources of employment, education, criminal history, personal character, motor vehicle and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of **IntelliCorp Records, Inc** to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **IntelliCorp Records, Inc** for identification purposes and for the release information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by **IntelliCorp Records, Inc** to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

**I hereby do _____ do not _____ authorize you to contact *my current* employer for Employment and Reference Verifications. (This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

_____	_____	_____
Printed Name	Applicant Signature	Date