



State Police Inquiry Authorization and Release

In connection and for the duration (including contract for services) with _____, I understand that I am selecting to provide requested personal information to process a background and security check as a condition for potential employment. Background Research Solutions, LLC "BRS", an authorized agency, will obtain an investigative report maintained in the files of the Louisiana Bureau of Criminal Identification and Information within the Department of Public Safety and Corrections pursuant to LA R.S. 40:1203.2. Reported information will be in compliance with subsection D(1) which states "The office or authorized agency shall provide to the employer only such information as is necessary to specify whether or not that person has been arrested for or convicted of or pled nolo contendere to any crime or crimes, the crime or crimes for which he has been arrested or convicted or to which he has pled nolo contendere, and the date or dates on which the crime or crimes occurred". Follow up investigations may be made into Louisiana parish or local court records and/or court records of another state. Further, I understand that you may request information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, medical exclusion and other experiences as well as claims involving me in the files of insurance companies.

I hereby authorize and understand such investigation and further give permission to authorized law enforcement agencies and /or courts to release all criminal record information maintained in their files which may confirm or deny my employment eligibility. "BRS" is only disseminating information requested and is not rendering or offering opinion on employment and/or permit eligibility.

Your authorization releases Background Research Solutions, LLC, an authorized agency, any law enforcement agency and/or court contracted by the authorized agency from all damages, of whatever type or nature, including court costs and reasonable attorney fees suffered by any person, including the undersigned, while investigating my criminal history.

It is my understanding that the results of the investigation will remain confidential and that if any criminal history is found to exist, then I will be provided an opportunity to refute, correct, and/or otherwise clarify such information by conducting a right to review with Louisiana Bureau of Criminal Identification and Information within the Department of Public Safety and Corrections, Office of the State Police.

I agree that any copy of this document is as valid as the original.

Print Full Name					
Maiden Name or Alias					
Date of Birth		Social Security Number			
Current Address					
City		State		Zip	
Race		Gender			
Driver's License Number			State Issued		
Applicant's Signature			Date		