



DISCLOSURE FORM

By this document, Background Research Solutions, LLC

discloses that you are selecting to provide requested personal information to obtain a consumer report on yourself. A "consumer report" is a background screening report that may include, but not limited to, information about your state police criminal history record; sex offender registry status; healthcare exclusion status; credit history; driving history; education history; employment history; professional licenses; name; drug and alcohol tests; social security number; and other information. This information may provide insight on your character, general reputation, personal characteristics and mode of living. The consumer report is being obtained at your request.

Please sign below to acknowledge the receipt and understanding of this disclosure.

Signature

Date

Printed Name



AUTHORIZATION FORM

By signing below, you acknowledge that: (a) you received a separate disclosure document, (b) it is clear and conspicuous, (c) you read and understood it in its entirety.

I authorize and permit Background Research Solutions, LLC to request information for a consumer report.

I authorize the complete disclosure and release of these records or data pertaining to me that an individual, company, firm, corporation or public/governmental agency may have and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish the requesting company or its designated agents with any and all information in their possession regarding me in connection with my request for a background check.

I authorize Background Research Solutions, LLC and its designated agents, members, and representatives to perform search request(s) and obtain information about me for a consumer report.

I authorize Background Research Solutions, LLC to disclose and release obtained information to myself in connection with my request for a background check. Further, I understand Background Research Solutions, LLC only providing information requested and is not rendering or offering opinion.

Your authorization releases Background Research Solutions, LLC and its agent from all liability for damages, of whatever type or nature, that may occur from inaccurate information in any or all federal, state or county jurisdictions and Louisiana State Police criminal history records, including court costs and reasonable attorney fees suffered by any person, including the undersigned arising from the request and disclosure of the requested information. Further, your authorization releases and discharges from all liability any companies, agencies, officials, officers, employees and other persons, who provide the above-mentioned requested information.

I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

Please print clearly and complete the form entirely

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			