



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 Bold Horizons LLC
 to request information for a consumer report, including a criminal history record from the files of the Louisiana State Police and a search of the sex offender registry.

I understand that my criminal history record result is regulated by Louisiana Law and further authorize the reporting of information related to any arrest, conviction, or plea of no contest to any crime or crimes and the date or dates on which they occurred.

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 an application of employment.

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 my potential employer, its designated agents, and representatives, and/or with others for legitimate business purposes in connection with an application of employment. Further, I understand Background Research Solutions, LLC only providing information requested and is not rendering or offering opinion on my employment eligibility.

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.

Should a consumer report be requested, you will have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested. Further, I understand that if any criminal information is found to exist on my State Police criminal history record, then I have the right to challenge the accuracy, contents and to seek correction directly with the Louisiana State Police.

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 Email				Phone Number	
Applicant's Signature				Date	