





### 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 \_\_\_\_\_ e rson rthopedic linic \_\_\_\_\_  
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 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.

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                   |  |     |  |