



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 _____
 to request information for a consumer report at my request.

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 in connection with my request for a background check. Further, I understand Background Research Solutions, LLC is only providing information requested and is not rendering or offering opinion. I request and authorize Background Research Solutions, LLC to provide obtained information to Bibleway Missionary Baptist Church, designated agents, representatives, and/or with other facilities for legitimate purposes in connection with my request for a background check.

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 Email					Phone Number			
Applicant's Signature					Date			