



## DISCLOSURE FORM

By this document, \_\_\_\_\_

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 \_\_\_\_\_  
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 \_\_\_\_\_ 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		