
DISCLOSURE FORM

By this document, _____ (the "Requesting Entity") discloses that you are selecting to provide requested personal information to obtain a consumer report.

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.

Requesting Entity is Ordering the Report for a Permissible Purpose listed below:

- **Employment** — as part of the pre-employment process and at any time during employment, to evaluate for employment, promotion, reassignment, or retention.
- **Independent Contract for Service** — as part of the evaluation process and at any time during independent contract for service status, to evaluate for retention.
- **Enrollment** — as part of the pre-enrollment process and at any time during enrollment.
- **Tenancy** — as part of the pre-tenancy process and at any time during tenancy, to evaluate for approval and/or retention.
- **Volunteering** — as part of the approval process for volunteering purposes and at any time during volunteering, to evaluate for reassignment or retention.
- **Individual Request** — as part of the individual's own request for a personal background check.
- **Non-Licensed Applicant (Authorized Agent)** — as part of the employment or contract with a non-licensed person pursuant to LA R.S. 40:1203.2, including criminal history record from the Louisiana State Police and sex offender registry search.

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

Applicant's 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 _____ (the "Requesting Entity") to request information for a consumer report.

I authorize the complete disclosure and release of any 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 the purpose(s) identified on the Disclosure Form.

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 the Requesting Entity, its designated agents and representatives, and/or with others for legitimate business purposes in connection with the purpose(s) identified on the Disclosure Form. Further, I understand Background Research Solutions, LLC is only providing information requested and is not rendering or offering any opinion on my eligibility for employment, enrollment, tenancy, volunteering, contract, or any other purpose.

Addendum for Louisiana Criminal History Record (if applicable):

I authorize Background Research Solutions, LLC to request a criminal history record from the files of the Louisiana State Police and conduct a search of the sex offender registry.

I understand that my Louisiana Criminal History Record will be obtained from the files of the Louisiana State Police and that reporting is regulated by Louisiana Law. I further understand and 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 understand that if any criminal information is found to exist on my Louisiana Criminal History Record, I must conduct a right of review to challenge the accuracy and contents and to seek correction directly with the Louisiana State Police.

I further understand that pursuant to the policy of the Louisiana Bureau of Criminal Identification and Information (LBCII), Background Research Solutions, LLC is prohibited from providing me with a copy of my Louisiana Criminal History Record. To obtain a copy of my record, I must conduct a right of review directly with the Louisiana State Police State.

I acknowledge that if the Bureau of Criminal Identification and Information requires verification of my identity through digital fingerprinting, that it is my sole responsibility to follow the provided instructions, schedule the fingerprint appointment, and complete the fingerprinting process so that results may be obtained. I understand that failure to complete the fingerprinting process within the required 14 calendar day time-frame will result in the inability to obtain results and the closure of the request as unable to complete. I further acknowledge that fingerprinting services are conducted by IdentoGo, a third-party State contracted provider, and that Background Research Solutions, LLC assumes no responsibility for the fingerprinting services conducted by IdentoGo. Once fingerprints have been submitted Background Research Solutions, LLC will obtain the results directly from the Bureau and provide them to the Requesting Entity.



PO Box 3083 | Slidell, LA 70459 | Phone: 985-503-7911 | Fax: 800-948-0016

AUTHORIZATION FORM

Electronic Communication Consent:

By signing this authorization, I consent to receive communications via email and/or text message from Background Research Solutions, LLC and its authorized agents for the purpose of providing instructions, information, and related correspondence necessary to complete the background check process including but not limited to the fingerprinting process as required and that these communications may include initial requirements and any follow-up instructions. I acknowledge that standard message and data rates may apply to text messages received, and that I may opt out of text communications at any time by replying STOP, though doing so may delay or prevent the completion of my background check. I confirm that the contact information I have provided is accurate and that I am authorized to receive communications at the email address and/or phone number provided.

Liability Release:

Your authorization releases Background Research Solutions, LLC and its agents 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's 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.

Applicant's Signature

AUTHORIZATION FORM — PERSONAL INFORMATION

Please print clearly and complete the form entirely.

Print Full Name: First	Middle	Last
Maiden Name or Alias		
Date of Birth	Social Security Number	
Current Address		
City	State	Zip
Race	Gender	
Driver's License Number	State Issued	
Email Address	Phone Number	

Individual Request: I also request and authorize Background Research Solutions, LLC to provide obtained information to:

Name of Recipient (if applicable)	Email Address

Applicant's Signature

Date

Printed Name