[Agency Letterhead]

CONSENT FOR DISCLOSURE OF CONFIDENTIAL INFORMATION FOR PERSONAL BACKGROUND INVESTIGATION

I give permission to the [Agency] to investigate my driving record and any criminal history. I understand that this information will become part of the confidential records of the [Agency], and that I will not have access to those records.

A photocopy of this release will be as valid as the original, even though the photocopy does not contain my original signature. (This authorization shall continue in effect until revoked by me in writing.)

Printed Name_____ Male ☐ Female ☐
(Last, First, Middle)

Date of Birth (Month/Day/Year) _____Job Title: _____

Driver's License #_____State Issued_____

Social Security #_____

Proposed Start Date: _____Proposed End Date: _____

Supervisor's Name: _____Office Location & Phone:_____

Is there additional information about you under a different name? Yes ☐ No ☐

If yes, please explain and list names: _____

_____

Maiden Name (if applicable): _____

Signature _____ Date _____

A signed hard copy of this form must be sent to [insert name or title] by [insert date]:

[Agency Contact Information]