

# TRACER

SECURITY SERVICES

## CONSENT FOR RELEASE OF INFORMATION

tfor028

REVISION: 5/3/10

### Applicant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Other Names (maiden, married, nicknames): \_\_\_\_\_

### Current Address

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

### Previous Addresses

Street	City	State	Zip	Dates lived here
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### Consent

In accordance with the Privacy Act (5 U.S.C. 552a), Freedom of Information Act and the Fair Credit Reporting Act, I expressly authorize any person associated with any educational institution, past or present employer (including federal/state/local governments), any military organizations (federal or state), any law enforcement agency (federal/state/local), any credit reporting agency, any private/public medical institution or office, or any person who has personal knowledge of my character, work history, medical history (including drug test results and/or applicable rehabilitation history) and overall mode of living to RELEASE this information to Tracer Protection Services, Inc for the purpose of my employment. I hereby agree to RELEASE Tracer Protection Services, Inc. employees, agents and any other persons or other entities from any and all liability for damages of whatever kind or nature, whether known or unknown, which may at any time accrue to me on account of 1) reliance by such persons or entities on the information submitted to Tracer Protection Services, Inc. 2) reliance by such persons or entities on the information obtained pursuant to this authorization, 3) compliance with or any attempt to comply with this authorization and 4) termination of my employment based on information obtained pursuant to this authorization. I hereby authorize a copy of this RELEASE to be as valid as the original.

### Authorization

Signature: \_\_\_\_\_

Date: \_\_\_\_\_