



(704)922-4422  
Fax (704)-922-4020  
preventlosses.com

**Authorization to Release Information**

I \_\_\_\_\_ understand and agree that I am being asked to submit personal information, such as my full name, date of birth, address and social security number. This information is being requested for the purposes of a pre-employment background investigation.

I agree and fully understand that my **credit history, criminal history and driving history** may be checked. I also understand that any public records associated with me including, but not limited to records related to bankruptcies, collections, liens, judgments, property owned and any other public information may also be obtained. Furthermore I understand that in compliance with the **Federal Fair Credit Reporting Act**, I voluntarily give permission to obtain and research my credit history from one or more credit reporting agencies.

I understand that the background check is being conducted by *Southeastern Loss Management Inc.* I hereby agree to hold *Southeastern Loss Management, Inc.* its officers, agents, employees, privies, assigns and independent contractors harmless for any and all costs or damages of any character resulting directly or indirectly from the obtaining or publishing of this background check and any othre acts associated with the background investigation.

I also agree to hold harmless \_\_\_\_\_ its officers, agents, employees, privies, assigns and independent contractors for any and all costs or damages of any character resulting directly or indirectly from the obtaining or publishing of this background check and any other acts associated with the background investigation. I understand that the investigative data contained in the background report is obtained from independent third-party sources and may not be free from defect or error.

I understand that the decision to employ or contract my services is based upon a number of factors and the results of the background investigation may or may not be dispositive of the final decision. Southeastern Loss Management, Inc. takes no part in the decision making process.

X \_\_\_\_\_ Date \_\_\_\_\_

**PERSONAL DATA:**  
Print the information below:

First \_\_\_\_\_ (M) \_\_\_\_\_ Last \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Address: \_\_\_\_\_

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

**Other names used: (include maiden name(s))**

\_\_\_\_\_  
First Middle Last or maiden

\_\_\_\_\_  
First Middle Last or maiden

**Company Information:**

Company requesting background check: \_\_\_\_\_ Contact Number: \_\_\_\_\_

I certify that I am authorized by the above named company to request the background history for the applicant named above. By signing below, I understand that the investigative data contained in the background report is obtained from independent third-party sources and may not be free from defect or error.

X \_\_\_\_\_ Date \_\_\_\_\_

Company Agent



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