

INTERIM COMPENSATION SOURCE, INC.

AUTHORIZATION TO RELEASE INFORMATION

I, _____, the undersigned hereby authorize Interim Compensation Source, Inc. (Interim) or its authorized representative(s) or staff bearing this release or copy thereof to obtain information pertaining to my juvenile or adult criminal record, employment, credit history, military service, and/or educational records including, but not limited to, disciplinary records and all other relevant information deemed necessary. I hereby direct release of such information upon request of the bearer. I hereby release all persons and individual staff of any previous or current employer, governmental agencies, educational institutions or other repository of juvenile or adult criminal justice records, military records, credit bureaus, or business establishments, including officers, employees or related staff, both individually and/or collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

The information hereby obtained is to be used for the purpose of performing a background check. This authorization will continue in effect for a period of one (1) year from the date below.

Signature (Complete Name) _____
Date

Date of Birth _____
Driver's License No. _____
State of Issuance

Social Security Number _____
Maiden Name _____
Birth Place

Current Address: _____ How Long? _____

Previous Addresses – if at current address for less than seven (7) years:

_____ How Long? _____

_____ How Long? _____

_____ How Long? _____

**IF ADDITIONAL SPACE IS REQUIRED,
PLEASE ATTACH SEPARATE A SHEET**