

**Background Check Permission Form**

Authorization

To Whom it May Concern:

I hereby authorize and request any present or former employer, school, credit agency, financial institution, law enforcement agency, city, state, county and federal court and agency, military service or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment, licensing or contractual services. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request.

This notice serves as consumer notification that a report will be requested and used for the purpose of evaluating me for employment, promotion, reassignment or retention as an employee, licensee or contractor.

Date:

Print Applicant's Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

For Identification Purposes Only:

Date of Birth \_\_\_\_\_  
Alternate Identification \_\_\_\_\_  
Driver's License Number \_\_\_\_\_  
Current Street Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_

Education

Massage School/Colleges/Universities	Location	Dates of Attendance	Degree
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