CAROLINA INVESTIGATIVE RESEARCH, INC.

106 D Fountain Brook Circle, Cary, NC 27511
(919) 460-7799, fax (919) 460-5338

In connection with my application for employment with _____, I understand the company may now, or at any time while I am employed, conduct an investigative consumer report containing information on my character, general reputation, personal characteristics, or mode of living. I hereby release my employer and CAROLINA INVESTIGATIVE RESEARCH, INC., their officers, employees, and agents, from any liability and responsibility arising from the preparation of said report or investigations relating thereto. I am aware I have a right to request, from CAROLINA INVESTIGATIVE RESEARCH, INC., the nature and scope of the investigative report.

This authorization for release of information includes, but is not limited to, matters of opinion relating to my character, ability, reputation, and past conduct. I authorize and request all persons, schools, businesses, corporations, credit bureaus, and law enforcement agencies to release such information without restriction or qualification. I understand checking the credit bureau will post an inquiry to my Trans Union Peer report. I authorize the release of a copy of my motor vehicle records.

I voluntarily waive all recourse and release them from liability for complying with this authorization. I understand that a Photostat copy of this Authorization will be considered effective and as valid as an original.

CA, OK, MN residents initial here if you wish a free copy of this report mailed to the address you supplied: _____
CA, OK, & MN residents may also receive a copy of their Credit Report by initializing the box _____

REQUIRED DATA - Please print clearly

Full Name:_____
Last First Middle

Maiden/Other:_____ Dates Used:_____

Social Security Number:_____

Date of Birth:_____ Driver's License #:_____ State:_____

Present Address:_____ How
Street City State Zip long at address:

List additional addresses for the past 7 years. (Use additional pages if needed)

Prior Address:_____ How_____
Street City State Zip long at address:

Prior Address:_____ How_____
Street City State Zip long at address:

Prior Address:_____ How_____
Street City State Zip long at address:

Prior Address:_____ How_____
Street City State Zip long at address:

_____
Date Print Name Signature