

Management Information Services
RELEASE OF LIABILITY

I, _____, Date of Birth ____/____/____, (month and day only if used for employment)

Social Security Number _____, do hereby authorize Management Information Services, of Cleveland, Ohio, to conduct a background investigation into the following areas of my personal and employment history: current and previous employment, education, credit, driving records, criminal and civil records, professional licensing, and general character including honesty.

My drivers license number is _____ and was issued by the state of _____.

Sex: ()Male ()Female

ADDRESS INFORMATION:

Current address: _____

Length at current address: _____ (If less than 7 years please provide previous addresses)

Previous address (1): _____

Previous address(2): _____

Length at previous address(1): _____, Length at previous address(2): _____.

AUTHORIZATION & RELEASE:

I hereby authorize any person, agent, corporation, company, agency, or institution, to release any information, documents, or assessments they possess regarding me or my performance as an employee, student, associate, or acquaintance. I release, and permanently hold harmless, **Management Information Services**, their agents and assigns, and **EQUIFAX INFORMATION SERVICES LLC**, and the **REQUESTER** and their agents and assigns, from any and all demands and or liabilities that may originate from these investigations, or any demand or liability which may result from any physical examination, drug testing procedure, x-rays, or other medical screening procedures conducted by them or their agents, and any person, corporation, company, institution, or their agents who may act upon the authority of this release. I hereby authorize that a photocopy or electronic facsimile of this document shall serve as an original. If a notarized copy of this document is required for any background check, the notarized copy will be provided.

Applicant Signature: _____ Date: _____

REQUESTER INFORMATION:

As THE REQUESTER, Witness:

Signature: _____ Date: _____

Printed Name: _____

Address: _____ City: _____ State: _____ ZipCode _____

Phone: _____ Fax: _____

Please fax to Management Information Services at (216) 383-8441
Toll Free phone: 1-866-647-3463 Hours of Operation: Weekdays 9am to 5pm EST