

INVESTIGATIVE SOLUTIONS LLC

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PRIVILEGED AND CONFIDENTIAL

AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

I, THE UNDERSIGNED APPLICANT, DO HEREBY CERTIFY THAT THE INFORMATION PROVIDED BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

The release and authorization allows **INVESTIGATIVE SOLUTIONS LLC** and its agents (hereafter referred to as **I.S. LLC**) to conduct a verification of my motor vehicle records, Military records, and to retrieve any criminal and civil history record pertaining to me which may be in the files of any Federal, State, or local justice agency in New Jersey or any other States and/or other information as deemed necessary to fulfill the job requirements of this inquiry.

I have read and understand this release and hereby consent to and authorize the background verification inquiry. I authorize persons, schools, credit agencies, current and former employers, and other organizations and/or agencies to provide **I.S. LLC** with all information that may be requested. I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I hereby agree to forever release, discharge and indemnify the requesting company, **I.S. LLC**, and their employees and subcontractors to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with or by any agency or myself, my heirs or assigns, arising from the retrieving and reporting of information.

Signed: _____

Print Name: _____

Date: _____