California Disclosure Release Authorization Form

Background Screening Disclosure

I hereby authorize Information Resources and its designated agents (Softech, TransUnion, MIS, National Student Clearinghouse,etc…) and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: names and dates of previous/current employment, work experience, criminal history records (from local, state, federal, international and other law enforcement agencies' records), motor vehicle records, military records, educational verification, license verification, credit history, civil cases and any sanction lists,

Upon Request, Information Resources (IRC), 21213 B Hawthorne Blvd., Torrance CA 90503, http://irverify.com Phone: (866) 993 4020, will supply a copy of the completed consumer report along with a copy of an individual's rights under the Fair Credit Reporting Act.

Authorization and Release

I,_____, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I authorize the full release of the information described above, without any reservation, throughout any duration of my employment at _____(company name). I hereby release Information Resources and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages 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 relapse. I certify that all information provided below and on my resume is correct to the best of my knowledge. Any false statements provided in this form and my resume will be considered just cause for the termination of employment at any time. This authorization and consent shall be valid in original, fax, or copy form.
The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

Signature:_____**Date**:_____

Applicant's Name: _____
(Please print) First Middle Last

Other names used (e.g., maiden name):_____
(Please print) First Middle Last

Date of Birth: _____ Social Security Number: _____

Driver's License Number _____State _____

Current Address: _____

For California: *Under section 1786.22 of the California Civil Code, you may obtain a copy of this file by submitting proper identification.*
I wish to receive a free copy of any Consumer Report and/or Investigative Consumer Report if the company obtains one. (check the box) YES ☐ NO ☐

Please note, as of January 1, 2012, the State of California does not allow the use of credit reports for employment purposes for most employers, some exemptions apply.

Please refer to the Fair Credit Reporting Act and the California Investigative Consumer Reporting Agencies Act for your specific rights.