

CONSENT TO PERFORM CREDIT/CRIMINAL HISTORY BACKGROUND AS A CONDITION OF MEMBERSHIP

Date:	DL#:	DL State
Last Name:*	First Name:*	Middle Name:
Current Address:*		
City*	County*	State* Zip Code*
Date of Birth**	Social Security Number**	
Email Address*		

This authorization and consent for release of personal information acknowledges that _____, Hereafter referred to as "Corporation") and/or its agent, **Investigative Concepts, Inc.**, may now, or at any time that I am active with the organization., conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, searches of educational institutions attended; state driving records; records of previous employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information of file in local, state or federal agencies. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to Investigative Concepts, Inc. the following information and/or copies of documents from my military service record: DD214, service record, and any disciplinary records.

I understand that these searches will be used to determine membership under the Corporation. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the Corporation. In addition, I release and discharge the Corporation and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that I may request a copy of the report from Investigative Concepts, Inc, at P.O. Box 471832 Tulsa, OK or telephone number 918-286-7059. After reading this document, I fully understand its contents and authorize the background verification.

To request a copy of this report mark "yes" to the following. **I request a copy of my consumer report-** YES.

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS AUTOMATION IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE THAT THE GROUNDS FOR THE CANCELING OF ANY AND ALL MEMBERSHIP OFFERS WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE ABOVE LISTED COMPANY.

Signed this _____ day of _____, 20__.

Applicant (print name): _____

Applicant Signature: _____