

# PLEASE READ CAREFULLY

## AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

**Company Name: Victoria County Senior Citizens Association**

I hereby authorize Asset Control, Inc., (ACI, Inc) and any of its agents/contractors/designated Company Personnel to disclose orally and in writing the results of this verification process and/or interview to the designated authorized representative of this Company.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, personal references, and other organizations and Agencies to provide ACI, Inc and any of its agents/contractors with all information that may be requested, and to conduct a verification, as deemed necessary by this Company to fulfill the job requirements, with regards to my motor vehicle records, credit history, Workers Compensation Insurance Claims as allowed by EEOC and FCRA, and to receive any criminal history record information pertaining to me which may be in the files of any Federal, State, or Local criminal justice agency in Texas or any other States. 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. All results will be proprietary and will be kept CONFIDENTIAL and disclosed orally and in writing only to the designated authorized representatives of this Company and its Clients.

I do hereby agree to forever release, discharge and indemnify ACI, Inc, and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information.

Name (please PRINT legibly): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
LAST name FIRST name FULL Middle name

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

S.S.#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

\_\_\_\_\_  
City/State/Zip Other Names Used: \_\_\_\_\_

How Long? \_\_\_\_\_ D.L. #: \_\_\_\_\_ State \_\_\_\_\_ (Required)

Previous Addresses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **For Official Use Only (do not write below this line)**

SS Trace ( ) Criminal ( ) County (s) \_\_\_\_\_

MVR ( ) Employment ( ) Education ( ) Other/Package: \_\_\_\_\_