



BACKGROUND RECORD RELEASE

ACKNOWLEDGMENT AND AUTHORIZATION FOR
BACKGROUND CHECK I acknowledge receipt of the separate document
entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and
A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING
ACT and certify that I have read and understand both of those documents. I
hereby authorize the obtaining of “consumer reports” and/or “investigative
consumer reports” by the Organization at any time after receipt of this
authorization and throughout my employment, if applicable. To this end, I hereby
authorize, without reservation, any law enforcement agency, administrator, state
or federal agency, institution, school or university (public or private), information
service bureau, employer, or insurance company to furnish any and all
background information requested by GRACE STAFFING INC and
REQUESTING HOSPITALS

PRINT NAME _____

DATE _____

ADDRESS _____

EMAIL _____

STATE DRIVERS LICENSE & NUMBER _____

DATE OF BIRTH _____

PHONE NUMBER _____

PRESENT ADDRESS _____

*This information will be for background screening purposes only.