



A DIVISION OF ORION SPECIALISTS, L.L.C
www.alcops.com

AUTHORITY TO RELEASE INFORMATION

First: _____ **Middle:** _____ **Last:** _____

Current Address: _____
(street, city, state, zip)

Date of Birth*: _____ **Social Security #:** _____ **Maiden Name:** _____

*Date of Birth is being requested in order to obtain accurate retrieval of records.

Education: High School Graduate? YES NO GED? YES NO N/A

School Name: _____ City/State: _____

Name Graduated Under: _____ Year Graduated: _____

Driver License: Non-Commercial Commercial

DL Number: _____ State of License: _____

Criminal Record: Are you a *registered* sex offender? YES NO If yes, list County & State _____

Have you *ever* been convicted or plead guilty to a felony or misdemeanor? YES NO

If yes, Date(s): _____ Conviction(s): _____

Name(s) at time of conviction(s): _____

Employment: Please list all employment for past (7) years

Employer Name: _____ City/State: _____

Date Hired: _____ Date Left: _____ Position _____ Final Salary: _____

Employer Name: _____ City/State: _____

Date Hired: _____ Date Left: _____ Position _____ Final Salary: _____

Employer Name: _____ City/State: _____

Date Hired: _____ Date Left: _____ Position _____ Final Salary: _____

Employer Name: _____ City/State: _____

Date Hired: _____ Date Left: _____ Position _____ Final Salary: _____

I hereby authorize any officer, or authorized representative of ALCOPS, Inc. bearing this release, or copy thereof to obtain any information you may have pertaining to my employment, residence, military, credit, criminal, driving or educational records, including, but not limited to, academic achievement, attendance, personal history, disciplinary records, payment history, and complete residence history. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of ALCOPS, Inc. and KCATA. Consent is granted for ALCOPS, Inc. to furnish such information, as is described above, to third parties in the course of fulfilling it's official responsibilities. I hereby release you, as the custodian of such records, and any school, college, university, consumer reporting agency, or retail business establishment, including it's officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of any kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information. Should any questions arise about the validity of this release, you may contact me as indicated.

SIGNATURE

DATE

Requested by: _____ Services Requested: _____

(circle all that apply)

Email address: _____

SS Verification

Education Verification

Driving Record

Employment Verification

Criminal History

Credit Report