

APPLICANTS AUTHORIZATION FOR RELEASE OF INFORMATION

Print in BLACK Ink Only

I hereby authorize Pinnacle Investigations, their respective employees, agents, professional investigators, or any representative of the above named company, to perform investigations into my background, past behavior, character, and reputation.

The intent of this authorization is to give my consent for full and complete disclosure of the records of financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts and loans. Investigative reports may also include criminal history or arrest records, workers' compensation histories, motor vehicle records, employment and unemployment records, military records, or other sources of information.

I authorize custodians of the records of any agency or company as described herein to release such information upon request of any investigator, agent, or representative of the Company named above. I understand that any or all of these investigations or inquiries can be performed prior to and periodically throughout the duration of my employment.

EDUCATION - I authorize schools, colleges and all scholastic institutions to release any and all information requested. This includes transcripts, grades, attendance records, and any other information requested.

EMPLOYMENT – I authorize all former and current employers to release any and all information regarding my employment history. This includes all information contained in my personnel file, salary history, condemnations, and all other pertinent information. I further authorize my supervisors and other work associates to disclose their opinions and observations of my work habits, qualities, competency, and skills. Furthermore, I authorize full disclosure of any and all substance abuse testing results.

CREDIT – I authorize the above company to obtain a credit report on me and understand that if I am denied due to credit, I can, according to the Fair Credit Reporting Act, get a copy of my credit report from the credit wholesaler. I understand that the information requested is for the use by the Company named above and may be re-disclosed only as authorized by law. I understand that I have the right to request from the Company a written disclosure of the nature and scope of the investigation conducted that I authorized above if: (1) Any adverse action/decision is made based on the information in the consumer report & (2) If the request is made in writing within 60 days of the adverse action. If an Investigative Consumer Report has been conducted, I will be notified in writing within five days of receipt of my request for said report.

I believe to the best of my knowledge that all information I have provided is accurate, true, and correct and that I fully understand the terms of this release. I indemnify, release and hold harmless the Company, any agents of the Company, or others reporting to or for the Company, any investigators, all former employers, reporting agencies, and all those supplying references and character references, from any and all claims, defamation, demands, and/or liabilities arising out of, or related to, such investigators, disclosures, or admissions.

Copies and facsimile transmissions of this authorization that show my signature are as valid as the original release signed by me.

The information contained below is to be used only for identification and investigative purposes.

TO BE COMPLETED BY APPLICANT ONLY:

LAST NAME	FIRST NAME	MI	SEX	BIRTHDATE	SOCIAL SECURITY NUMBER
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PHYSICAL ADDRESS	CITY/STATE/ZIP	PHONE NUMBER	RACE
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PLACE OF BIRTH/CITY-STATE	OTHER LAST NAMES USED	DRIVERS LICENSE# & STATE THAT ISSUED
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OTHER STATES, CITIES, AND COUNTIES LIVED IN: (If you do not know the county, City must be provided)

1	STATE	CITY OR COUNTY	FROM (YEAR)	TO (YEAR)
2	STATE	CITY OR COUNTY	FROM (YEAR)	TO (YEAR)
3	STATE	CITY OR COUNTY	FROM (YEAR)	TO (YEAR)

APPLICANT SIGNATURE	DATE
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CLIENT SIGNATURE	DATE
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