Authorization

Authorization: By signing below, you authorize: (a) backgroundchecks.com ("BGC") to request information about you from any public or private information source; (b) anyone to provide information about you to BGC; (c) BGC to provide us (
Printed	tion : Please print the informati	ion requested below to identify yourself fo	r BGC.
name:	First Middle (□ none)	Last	
Other names used:	Thist Middle (12 none)	Last	
Current address:			
	Street	City, State & Zip	
Some government agencies and other information sources require the following information when checking for records. BGC will not use it for any other purposes.			
	Date of birth	Social security number	
	Driver's license number & state	Name as it appears on license	
	Email address		
Signature		Date	