For all Employees and Volunteers who have resided in a U.S. State outside of Massachusetts in the past five years

OUT OF STATE CORI

CONSENT FOR RELEASE OF INFORMATION

	534	<i>ID</i>	IMI Data Search, Inc. Background Screening Since 1988		
		Ba			
Please fill in the following information for background	ound identification purposes:	PLEASE PRIN	T CLEAF	RLY	
Legal Name (as it appears on your driver's license or			a		
Print:First					
First	Middle		Last		
Indicate ANY OTHER NAMES you have used in	cluding <u>MAIDEN NAME</u> , and	other <u>MARRIED N</u>	AMES (Pa	st 7 Years <u>):</u>	
Print:					
List all addresses where you have lived within the	past Seven (7) years. List yo	ur current address	first.		
STREET	CITY	STATE	ZIP .	Approx Dates	
	<u> </u>				
				•	
Driver License Number:		Issuin	g State:		
Social Security Number:					
Have you been convicted of a crime? Yes N					
Please provide county and state along with brief desc					
, isaso provide country and country		•			
		1. () //	-1-11	red or esoled: a)	
California Applicants: Do not disclose a conviction for a marijuana-related offense over two years old; d)	if you completed a pre-trial of po	ist-trial diversion pro	gram; or, e)	101 a	
misdemeanor for which probation was successfully co California Senate Bill Amendment AB1068 & AB2868	ompleted or discharged and the o	case was judicially di	smissed. A	ccording to	
Please check if you would i	ike a copy of your background	report sent to you:			
In accordance with the Privacy Act (5 U.S.C. 552a), Freed associated with any educational institution, past or present	l employer (including federal/state/lo	cai dovemments), anv	military orgai	nizalions (lederal of	
state), any law enforcement agency (federal/state/local), institution or office, or any person who has personal knowle	Department of Motor Vehicles, and adoe of my character, work history and	ly credit reporting age and overall mode of living	ency, any pri g to RELEASI	E this information to	
the background agency for the purpose of my being considerant any other persons or other entities from any and all liab	ered for employment. I hereby agree bility for damages of whatever kind o	to RELEASE IMI Data r nature, whether know	i Search, inc., /n or unknowi	n, which may at any	
time accrue to me on account of 1) reliance by such person	ns or entities on the information submather the sufficiency of the suf	nitted in my employmer n or any attempt to con	nt application,	authorization and 4)	
termination of my employment based on information obtain consumer report and/or investigative report be obtained as	ed pursuant to this authorization. I	have read the above d	isciosure and	i nereby aumonize a	
valid as the original.	and a second second second	••	•		
Signature:	Dat	te:			
		•		CFR40109	