

# Total Screening Solutions, LLC

All the answers at your fingertips

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## PERSONAL INFORMATION RELEASE FORM

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Maiden Name / Other Names / Alias

\_\_\_\_\_  
Sex / Race

\_\_\_\_\_  
Date Of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Drivers License Number / State of Issue

\_\_\_\_\_  
Current Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

### PLEASE LIST ANY ADDITIONAL ADDRESSES IN THE LAST 7 YEARS (MOST CURRENT FIRST).

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

I, \_\_\_\_\_, hereby authorize Total Screening Solutions LLC, and all their associated agencies, partners, or other entities (hereafter referred to as TSS) to secure any and all personal information from any source of record that they deem necessary in order to perform a background checks and/or drug tests on me. I further authorize TSS to release said information to any person and/or company with which this form as been filed, including their agents, and release all of the aforementioned companies, agents, and entities from any and all legal liability for collecting, furnishing or otherwise reporting the personal background information of the applicant/employee/candidate above.

\_\_\_\_\_  
Applicant / Employee / Candidate Signature

\_\_\_\_\_  
Date