

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