

AUTHORIZATION & RELEASE FORM

I hereby authorize and request USA Special Services, LLC to conduct an inquiry into my work experience, business activities, education, general reputation, character, personal characteristics, motor vehicle records, mode of living and/or past activities. This inquiry may be conducted by either USA Special Services, LLC. Its employees, or an independent agency retained by USA Special Services, LLC I authorize and request any and all of my former employers, personal references, educational institutions, law enforcement, motor vehicle repositories and credit agencies, and/or any other person to furnish to USA Special Services, LLC. Or its agents any information that they may have concerning the above referenced matters. This may include, but is not limited to, educational, criminal information, credit records, employment and the reason(s) for termination thereof.

I hereby release USA Special services, LLC it's employees and/or any agency retained by USA Special Services, LLC from all liability and responsibility in connection with conducting such an inquiry, including their agents and employees. Further, I hereby release from any and all liability, whatsoever, all persons, institutions, employees, organizations and/or agencies which provide information pursuant to this authorization and request in connection with any inquiry made by USA Special Services, LLC of former employers, personal references, educational institutions, etc. I am waiving all rights to bring any action for defamation, invasion of privacy or similar causes of action.

I hereby authorize that a copy of this release to be accepted with the same authority as the original.

PRINT NAME _____

CURRENT STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PREVIOUS HOME ADDRESS (If less than 10 years)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PREVIOUS HOME ADDRESS (If less than 10 years)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER _____ - _____ - _____ D.O.B _____

NAME CHANGE (Through marriage or otherwise) PRINT FORMER NAME(s)

SIGNATURE _____ DATE _____

In executing this document, it is understood that an investigation consumer report may be prepared whereby information is obtained through personal interviews with neighbors, friends and others with whom I am acquainted. This inquiry includes information as to my character, general reputation and personal characteristics. I understand that I have the right to make a written request within a reasonable time to receive additional, detailed information about the nature and scope of this investigation.