

AUTHORIZATION FOR RELEASE OF INFORMATION AND FOR PROCUREMENT OF A BACKGROUND REPORT

I consent to have a report made as to my credit history, employment history, motor vehicle driving record, social security information, criminal record, and other pertinent information for employment purposes, including initial hiring decisions, promotions, reassignments, and/or retention. I hereby authorize Eagle Mountain City to obtain a background report containing the foregoing information from Choice Point, P. O. Box 934899, Atlanta, Georgia 31193.

I am aware that the background report I consent to have prepared may include information obtained from a variety of sources. I am aware that if I choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me if I make a written request to Choice Point within a reasonable time after I execute this authorization.

I also authorize and request every person, firm, company, corporation, governmental agency, court, law enforcement office, and any other entity having control or possession of any information pertaining to me or my background to furnish same to any requesting party.

By this Authorization for Release of Information and the Procurement of a Background Report, I hereby forever release, discharge, exonerate, hold harmless and indemnify Choice Point, its affiliates, employees, representatives, agents, and subcontractors, and any other person, entity, organization or institution furnishing information to them from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander, invasion of privacy, related tort claims, misuse of information obtained from Choice Point, and any other claim or cause of action arising out of the furnishing, inspection or copying of any documents, files, records, and other information, or the investigation made by or on behalf of Choice Point, unless such release is determined to violate the public policy of the state or federal district in which this contract is executed, and in that event this release will be permitted to the maximum extent allowed by the governing law.

I understand that a photocopy or facsimile of this signed document shall be considered as valid as an original.

DATE_____
APPLICANT'S SIGNATURE

First Name: _____ Middle or Maiden Name: _____ Last Name: _____

Address: _____

City/State/Zip: _____

Date of Birth: _____ Telephone No: _____

Social Security Number: _____