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**CONSENT FORM FOR RELEASE OF INFORMATION**

BY MY SIGNATURE BELOW I HEREBY AUTHORIZE KING BACKGROUND SCREENING, INC. AND ITS DESIGNATED AGENTS TO RECEIVE MY CREDITS HISTORY AND REPORTS, CRIMINAL HISTORY RECORDS, VERIFICATION OF SOCIAL SECURITY NUMBER, AND CURRENT AND PREVIOUS RESIDENCES. I AGREE TO HOLD HARMLESS KING BACKGROUND SCREENING, INC. AND ALL PROVIDERS OF INFORMATION IN THE EVENT THAT INFORMATION PROVIDED BY ME IS FOUND TO BE MISLEADING OR FALSE. THIS AUTHORIZATION IS VALID FOR PURPOSES OF VERIFYING INFORMATION GIVEN PURSUANT TO BUSINESS NEGOTIATIONS OR ANY OTHER LAWFUL PURPOSE COVERED UNDER THE FAIR CREDIT REPORTING ACT.

APPLICANT'S FULL NAME (PRINTED)

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CURRENT STREET ADDRESS

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CITY, STATE, ZIP CODE

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SOCIAL SECURITY NUMBER

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DATE OF BIRTH

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TELEPHONE NUMBER

---

SIGNATURE

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DATE