Time 4 PAYROLL
Solutions That Save You Time

Authorization to release records

Company Name _____

_____ _____ _____
Last Name First Name Middle Name

_____
Street Address Apt.

_____
City, State, Zip

_____ _____ _____
Social Security Number Driver License / State issued Date of Birth

_____
Additional states where lived or worked

_____ _____ Yes / No
School Years completed Graduated?

_____ _____
Degrees received Date degree received

I hereby consent and authorize Time 4 Payroll and any of its agents to secure information pertaining to my character and background, including my criminal history, employment, education, and credit report. I understand that the information supplied by me will be utilized in conducting a comprehensive background investigation, which may include, but is not limited to, a consumer credit report, as well as the verification of the information supplied by me on this or any other application form. I release from liability any and all persons, companies, and corporations that supply information about my history as a result of this investigation.

_____ _____
Signature of applicant Date