



CONFIDENTIAL FAX	
TO:	FROM:
FAX: 1-877-578-9558 or email to fax@infocubic.com	PAGES (Including this one):
PHONE NUMBER: 1-877-360-4636	DATE:
RE:	CC:

Please fill out the information below so that we may attach this release to the correct order:

Your Company Name: _____

Your Name: _____

Your Email Address: _____

Your Phone Number: _____

Applicant Name: _____

Order ID (If known): _____

Comments: _____

The information in this fax may be confidential and/or privileged. This fax is intended to be reviewed by only the individual or organization named above. If you are not the intended recipient or an authorized representative of the intended recipient, you are hereby notified that any review, dissemination or copying of this email and its attachments, if any, or the information contained herein is prohibited. If you have received this fax in error, please immediately notify the sender by return fax or by calling 303-220-0170.

INTERNATIONAL AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT SCREENING PURPOSES

I hereby authorize Info Cubic, LLC and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee at _____ (company name). I have carefully read and understand this authorization form. By my signature below, I hereby authorize all corporations, employers, educational institutions, law enforcement agencies, city, state, county and federal courts and military services to release information about my background including, but not limited to, information about my employment, education, driving records and criminal history. This authorization form does not extend to reports regarding my credit or financial history or my credit worthiness.

I authorize, without reservation, any background information obtained in regard to me in a country to be transported as necessary out of that country. Further, the release of my personal background information is expressly authorized in accordance with host nation laws including, but not limited to, the Fair Credit Reporting Act, the Data Protection Privacy Act 1998, and the European Directive on Data Protection 95/46/EC.

I declare that, to the best of my knowledge, any information that I have provided in connection with my application for employment is true, correct and complete and that any falsification or misrepresentation of information that I have provided (or any omission of relevant information) may result in the removal of my application from consideration or, if it is discovered once I am employed, the termination of my employment.

My signature below acknowledges the fact that I hereby release the aforesaid parties or the company or individuals releasing information about me from any liability whatsoever in collecting and disseminating the information obtained. I may request and obtain from Info Cubic, LLC a copy of my completed background check report, free of charge. All information provided about me in the report is held in strict confidence by Info Cubic, LLC and its representative and agents and shall not be disseminated to any unauthorized third parties.

Check the box if you are a resident of the EU and give Info Cubic, LLC and its representatives and agents permission to obtain records and transfer them outside of the EU.

First Name (Print Legibly) Middle Name Last Name

AKAs/Maiden Names

Gender (Male/Female)

Date of Birth: (Month) / (Day) / (Year)

Nationality (country of citizenship)

National Identity Number *(Required for China & South Africa)*

Passport Number

Mother's Maiden Name *(Required for Spanish speaking Countries)*

Address in Foreign Country (No P.O. Boxes)

City/Postal Code

Country

Phone

Email address

Signature (typed signature is NOT acceptable.
This document must be signed by applicant)

Date: (Month) / (Day) / (Year)

rev. 09/01/2011