



PERSONAL RELEASE ORDER FORM

FAX THIS COMPLETED FORM TO 614-457-8930.

QUESTIONS? CALL 877-932-2435

Applicant Information: (Please print clearly; illegible writing will delay delivery)

* = Required Information

*Name: _____

Maiden Name: _____

Address: _____

*Date of Birth: _____

City, State, Zip: _____

*SSN: _____ - _____ - _____

*Daytime Phone Number: (_____) _____ - _____

*Sex: M / F (please circle one)

Email: _____

*Race: Black / Asian / White / American Indian /
Unknown (please circle one)

I hereby certify that I have given National Background Check, Inc. (NBCI) permission to conduct a criminal history search on myself. I understand that this search may include, but is not limited to, information related to my driving history, credit worthiness and criminal history. I hereby authorize any individual/agency to release any and all information they may have to National Background Check, Inc. for the purpose of conducting said background check. I agree to release all such parties from any and all liability for any damage that may arise from the release of said information. I understand that some information that is obtained by NBCI is derived from public records and misidentifications based upon name and other identifiers can occur. By signing this release, I agree that NBCI is not responsible for any inaccuracies that may be found and that I will address any inaccuracies that may arise with the reporting entity. Furthermore, I agree that NBCI may release any and all information that is obtained in the course of the background check to the organization listed below (if applicable), to be used in accordance with any and all applicable laws.

*Applicant Signature: _____ Date: _____

*PLACE AN "X" NEXT TO THE REPORTS TO BE CONDUCTED:

___ \$10 NATIONWIDE SEXUAL OFFENDER SEARCH

___ \$15 SSN VERIFICATION

___ \$20 DRIVING HISTORY (ISSUING STATE) : _____ (DRIVER LICENSE #): _____

CRIMINAL SEARCHES

___ \$20 LEVEL 1 – COUNTY SEARCH BASED ON RESIDENCY (PER COUNTY PRICING)

COUNTY(S): _____

STATE(S): _____

___ RUN SECOND SEARCH BASED ON MAIDEN NAME

___ \$20 LEVEL 2 – STATE REPOSITORY OR COURT SYSTEM CHECK (WHERE AVAILABLE)

STATE(S): _____

___ \$20 LEVEL 3 – NATIONAL PUBLIC RECORDS SEARCH

___ \$20 CIVIL RECORD SEARCH (PER COUNTY PRICING)

COUNTY(S): _____

STATE(S): _____

___ RUN SECOND SEARCH BASED ON MAIDEN NAME

*EMAIL ADDRESS RESULTS ARE TO BE SENT TO: _____

NAME OF ORGANIZATION: _____

MAIN CONTACT: _____ PHONE #: (_____) _____ - _____

***PAYMENT INFORMATION**

I AUTHORIZE NBCI TO CHARGE THE FOLLOWING CREDIT CARD TO PAY FOR THE ABOVE BACKGROUND CHECK(S)

TYPE (VISA, MC, AMEX): _____ CARD #: _____

EXPIRATION DATE: _____ CVV CODE: _____ NAME ON CARD: _____

AUTHORIZED SIGNATURE: _____