



**Personal Release Order Form**  
Fax Completed Form to 614-635-2879  
Email: contactus@fastfingerprints.com  
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 / Native American/ 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 the 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: \_\_\_\_\_

**\*\*\*Please 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 #) \_\_\_\_\_  
\_\_\_\_\_ \$20 Level 1 – County Search Based on Residence Per County Pricing  
County(s) \_\_\_\_\_ State(s) \_\_\_\_\_  
\_\_\_\_\_ \$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) \*\*All New York Counties will be \$40 per County\*\*  
County(s) \_\_\_\_\_ State(s) \_\_\_\_\_

\*Email address which results are being sent to: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Main Contact: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

**\*Payment information - I hereby authorize NBCI to charge the following credit card to pay for the above background check(s)**

Type (Visa, MC, or AMEX): \_\_\_\_\_ Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ CVV Code: \_\_\_\_\_ Name on Card \_\_\_\_\_

\*Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_