

**AUTHORIZATION AND RELEASE FORM**

I, \_\_\_\_\_, having applied for employment, do hereby  
(Please Print)

authorize ALL FACTS, INC. to obtain any information regarding my credit, traffic information, including history of violations and status of Driver's License, education history, and employment history including evaluations. Said information is to be released to ALL FACTS, INC., for dissemination to \_\_\_\_\_. I further release and hold harmless any employee of ALL FACTS, INC., and any business or individual who supplies said information, from any liability resulting from dissemination of said information.

Driver's Lic. No. \_\_\_\_\_ State \_\_\_\_\_ \*Sex \_\_\_\_\_

**PLEASE PROVIDE A COPY OF  
YOUR DRIVERS LICENSE**

Date of Birth \_\_\_\_\_ \*Race \_\_\_\_\_

Social Security Number \_\_\_\_\_ \*Place of Birth \_\_\_\_\_

Other Names (Maiden/Aliases)/Dates \_\_\_\_\_

How many years have you lived in Georgia? \_\_\_\_\_

Addresses (past 7 years), Present: 1. \_\_\_\_\_  
Including ZIP CODES \_\_\_\_\_  
(Please Print) 2. \_\_\_\_\_  
(any additional please list on back of form) 3. \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ 4. \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\*Required for criminal record identification purposes only.

**CONSENT FORM**

I hereby authorize ALL FACTS, INC./\_\_\_\_\_ to receive any criminal history record information pertaining to me which may be in the files of any State or local criminal justice agency in Georgia or any other State.

Signature of Applicant \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

All Facts, Inc.  
Atlanta, Georgia  
(404) 257-3335  
(404) 257-9500 Fax

**DISCLOSURE TO EMPLOYMENT APPLICANT  
REGARDING PROCUREMENT OF  
CONSUMER REPORT**

In connection with your application for employment, we may procure, or cause to be procured, a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

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Applicant's Name

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Social Security Number

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Address

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City, State, Zip