

APPLICANT AUTHORIZATION AND RELEASE

I hereby authorize Identity Solutions Group, Inc. or any agent of your company to contact any and all corporations, former employees, credit agencies, 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, consumer credit history, criminal records and general public records history, driving records, to the person or company with which this form has been filled out. This releases the aforementioned parties from any responsibility and liability for collecting the above information. This release shall remain in effect for the length of my employment/membership; I understand I have the right to obtain a free copy of the Consumer Report if: (1) Any adverse action/action is made based on the information in the Consumer Report, (2) If the request is made in writing within 60 days of the adverse action. I believe to the best of my knowledge that all the information I have provided is accurate and true and correct and that I fully understand the terms of this release.

Name (Last) _____ First _____ Middle _____

List any maiden/other name used in the last 7 years: _____

Date of Birth (mm/dd/yyyy) ____/____/____ Social Security Number _____

Drivers License No. _____ State ____ Sex ____ Race ____

List your current mailing address as well as any other cities or towns you have lived in the past 7 years:

Current Street / P.O. Box No.: _____ City _____ State ____

City _____ State ____ County _____ Zip _____ Dates ____/____/____ to ____/____/____

City _____ State ____ County _____ Zip _____ Dates ____/____/____ to ____/____/____

City _____ State ____ County _____ Zip _____ Dates ____/____/____ to ____/____/____

City _____ State ____ County _____ Zip _____ Dates ____/____/____ to ____/____/____

Your Signature _____ Today's Date _____

APPLICANT – DO NOT WRITE BELOW THIS LINE

Fax to: (443) 787-0298 / To be filled out by company requesting information.

Company Name: _____ Branch: _____

____ Please start our standard background check (ignore boxes below) or select from the following:

____ County Criminal History ____ Maryland Statewide Criminal History ____ Civil History

____ Education/Degree Verification ____ Social Security Verification ____ Driving Record

____ Previous Employer Verification ____ Federal District Criminal Search ____ Nat'l Wants & Warrants

____ National Sex Offender Database ____ Credit Report

While the information contained in the reports provided has been obtained from public records data sources deemed to be reliable, its accuracy cannot be guaranteed due to potential human error in the actual recording of the record. Since this information is not owned by Identity Solutions Group, Inc. and since public records data on any one individual, group of individuals, company or companies can be contained in more than repository, Identity Solutions group, Inc. can only rely on its accuracy from the public records data sources presently available at the time of the search. This information is furnished for your exclusive use and accepted by you without any liability on the part of Identity Solutions Group, Inc. and its officers, agents, employees or sources. Furthermore, you agree to Indemnify Identity Solutions Group, Inc. and its officers, agents, employees or sources of any liability for the use of this information and shall agree that the right to obtain information and the purpose for this information for your exclusive use is fully within the appropriate law or laws which apply to the permissible purpose of retrieving background information on an individuals criminal records history, credit history, and/or workers compensation claim history.