



**International
Investigative
Services**

International Investigative Services, LP
3536 Ridgeway Drive
Bethel Park, PA 15102
412-848-3258

Applicant Authorization for Release of Information

Name _____

Address _____

Social Security Number ____ - ____ - _____

Date of Birth ____/____/____

I authorize an inquiry to provide background information concerning a position of employment.

I hereby authorize the verification of any and all information I have submitted on my application. I understand that an agent of International Investigative Services, LP will conduct a criminal history records check with the appropriate state and local law enforcement agencies.

I hereby release all parties from any and all liability, which might arise in connection with this inquiry.

Signature _____

Date _____