

Date: [Insert Date]

To: [Background Check Agency Name]

[Agency Address]

[City, State, Zip Code]

Subject: Authorization for Third-Party Contractor Background Check

I, [Full Name of Contractor/Applicant], hereby authorize [Company Name] and its designated third-party screening agency to conduct a comprehensive background investigation in connection with my contract for services.

I understand that this investigation may include, but is not limited to, the following areas:

- Criminal history records (Federal, State, and County)
- Employment verification
- Education verification and professional certifications
- Driving records (MVR)
- Credit history (if applicable to the scope of work)
- Reference checks

I authorize any individual, company, corporation, law enforcement agency, or public agency to release any and all information regarding my background to the requesting party. I release all parties involved from any liability for seeking or providing this information.

This authorization is valid for the duration of my contract, to the extent permitted by law, unless revoked by me in writing.

Personal Information for Identification:

Full Legal Name: [Full Name]

Social Security Number: [SSN]

Date of Birth: [DOB]

Current Address: [Full Address]

Driver's License Number: [DL Number / State]

Signature of Contractor

Date Signed