

Authorization for Background Screening

I hereby authorize **[Company/Organization Name]** to conduct a background screening, including but not limited to criminal records, employment history, and education verification.

Full Name:

Date of Birth:

Social Security Number:

Current Address:

Phone Number:

I certify that the information provided is true and complete. I understand that false or misleading information may result in denial of employment or revocation of my authorization.

Signature:

Date:

Submit