

Biometric Background Waiver

I hereby authorize **[Organization Name]** to collect, use, and retain my biometric data (including but not limited to fingerprints and facial images) for the purpose of conducting a background screening in accordance with applicable laws and regulations.

I understand that my biometric data will be kept confidential and secure, and will only be used for identification and verification purposes as required for the background check process.

I hereby release **[Organization Name]** and its agents from any liability associated with the obtaining and use of my biometric information for background screening purposes.

Full Name:

Date of Birth:

Signature:

Date:

Submit