

Legal Waiver for Criminal Record Access

I, the undersigned, hereby authorize [Organization/Agency Name] to access and obtain a copy of my criminal record from the appropriate law enforcement agencies and/or government authorities. I understand that this information will be used solely for the purposes of background investigation as part of my application process.

Full Name:

Date of Birth:

Current Address:

Signature:

Date:

Submit

By signing above, I waive any right to confidentiality with respect to this criminal record information and release [Organization/Agency Name] and its representatives from any liability resulting from its authorized use.