

Copy of Release of Information



I, _____ (print), authorize Security Walls, LLC to make whatever inquiries it deems necessary in connection with my application for employment or in the course of review of any employment. I authorize all persons, schools, companies, corporations, credit bureaus, department of motor vehicles and law enforcement agencies to supply information concerning my background. I release Security Walls, LLC, Trans Union, and all persons who provide information to Security Walls, LLC concerning me, from all liability or any damages on account of inquiry into and the furnishing of said information.

A photocopy of this authorization shall be deemed an original and shall be accepted as such by every person. I understand that I have the right to request a copy of any report by writing to Security Walls, LLC within 60 days. The fee for this report will be paid at my expense to Security Walls, LLC. As per the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained from a consumer reporting agency such as Security Walls, LLC.

Signature _____ Date _____ Date of Birth _____
Other names used _____ Social Security Number _____
Name as it appears on driver's license _____ D.L. Number _____ State _____
Address _____ City/State _____ Zip _____
(_____) _____
Phone Number (Must Be Provided Before Processing)

Requested By: _____ DAWN OF HOPE
PLEASE WRITE CLEARLY