

INQUIRES, Inc

Applicant Release and Authorization

The purpose of this form is to notify you that an Investigative Consumer Report will be conducted on you in the course of consideration for secure online access. This report is being provided by Inquiries, Inc.- Post Office Box 67 Easton, MD 21601 – Phone 866-987-3767. I hereby authorize your company or any agent of your company to contact any and all corporations, former employers, educational institutions, law enforcement agencies, city, state, county, and federal courts and military services to release information about my background including, but not limited to, information about my employment, education, driving record, criminal record, and general public records history to the person or company with which this form has been filed. This releases the aforesaid parties from any liability and responsibility for collecting the above information. This release shall remain in effect for the length of my internet access subscription. I understand I have the right to obtain a free copy of this Report if; (1) Any adverse action/decision is made based on the information in the consumer report, & (2) If the request is made in writing within 60 days of the adverse action. I believe to the best of my knowledge that all information I have provided is accurate true and correct and that I fully understand the terms of this release.

Please write clearly

Name (Last) _____ (First) _____ (Middle) _____

List any maiden/other name used in the last 7 years _____

Date of birth ____/____/____ Social Security Number ____-____-____

Drivers License # _____ State _____ Sex _____ Race _____

Professional License Held* _____ State _____ Lic.# _____

(*only if requesting a professional license verification)

List your current mailing address as well as any other cities or towns you have lived in the past 7 years:

Street or PO# _____ City _____ State _____ Zip _____

City _____ State _____ Zip _____ Dates ____/____ to ____/____

City _____ State _____ Zip _____ Dates ____/____ to ____/____

City _____ State _____ Zip _____ Dates ____/____ to ____/____

City _____ State _____ Zip _____ Dates ____/____ to ____/____

Your Signature _____ Today's Date ____/____/____

MUST BE SUBMITTED WITH \$15 PROCESSING FEE

*****APPLICANT – DO NOT WRITE BELOW THIS LINE*****

FAX TO: (410) 819-3670

TO BE FILLED OUT BY COMPANY REQUESTING INFORMATION:

Company Name: Suffolk City Circuit Court

Please start our standard background check (ignore boxes below)

Or select from the following:

County Criminal History Statewide Criminal History Civil History Social Security Verification

Education/Degree Verification Driving Record National Wants & Warrants Professional License Verification

Previous Employer Verification Federal District Criminal Search 5 panel Urine Based drug screen 10 panel Urine Based drug screen

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