



A GRMG, Inc. Company  
PO Box 1544  
Gainesville, GA 30503  
Tel. (770) 535-6200  
Fax (770) 535-6780

## RELEASE AND AUTHORIZATION FOR APPLICANT

I hereby authorize any corporation; employer; former employer; credit agency; educational institution; private information bureau; law enforcement agency; department or division of the military services; city, county, state, or federal court, agency, or department; and any other person that has any record or knowledge of my court, criminal, driving, education, immigration, legal, medical (to include drug testing but not limited to drug screening result), military, naturalization, workers' compensation, Social Security Administration, or credit history to provide any information or records in its possession regarding my history to PeopleCheck, Inc. and/or its authorized agents. I hereby fully release and discharge all listed from all claims and damages arising out of or relating to any investigation of my background for employment purposes.

I consent to **PeopleCheck, Inc.** furnishing to my employer or potential employer designated below (hereinafter "Employer") a consumer report for employment purposes. I further consent to **PeopleCheck, Inc.** including in any consumer report it furnishes to Employer for employment purposes medical information about me.

This authorization shall be valid and effective from the date on which it is signed and remain valid and effective during the process of my application for employment with Employer and, if I am hired by Employer, throughout my tenure of employment with Employer.

A photographic copy of this Release and Authorization shall be valid to the same extent as the original.

**I do hereby acknowledge that Employer has provided to me a clear and conspicuous disclosure in a writing consisting solely of the disclosure that a consumer report may be obtained for employment purposes and that I have authorized in writing the procurement of the report by Employer for employment purposes, which authorization shall remain valid and effective and allow Employer to obtain a consumer report on me for employment purposes at any time during the application process and, if I am hired by Employer, throughout my tenure of employment with Employer.**

**I do further acknowledge that I have received written disclosure that an investigative consumer report including information as to my character, general reputation, personal characteristics, and mode of living may be made and written notice of my right to request a complete and accurate disclosure of the nature and scope of the investigation requested by Employer and a written summary of consumer rights under the Fair Credit Reporting Act.**

**PLEASE REVIEW THIS DOCUMENT CAREFULLY BEFORE SIGNING AND ENSURE THAT YOU HAVE RECEIVED THE NOTICES AND DISCLOSURES REFERRED TO HEREIN PRIOR TO EXECUTING THIS RELEASE AND AUTHORIZATION.**

\_\_\_\_\_  
Please Print Full Name (Including Maiden)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Driver's License Number and State

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Friendship Christian School*  
**678.845.0418 phone 678.845.0417 fax**