

## Release and Authorization Statement

In connection with this request, I authorize all corporations, companies, former and current employers, credit reporting agencies, educational institutions, law enforcement agencies, state motor vehicle departments, city, state, county, and federal courts, military services, and persons to release information they may have about me to The Therapy Network and/or its agent (Retail Alliance), with which this form has been filed and release all parties involved from any liability and responsibility for doing so.

I also authorize the procurement of an investigative consumer report and understand that it may contain information about my background, mode of living, character, criminal record information, worker's compensation information, driving record and personal reputation. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

PLEASE PRINT:

\_\_\_\_\_  
(LAST NAME)                      (FIRST NAME)                      (MIDDLE INITIAL)

\_\_\_\_\_  
(MAIDEN NAME/FORMER NAME)

\_\_\_\_\_  
(CURRENT ADDRESS)

\_\_\_\_\_  
(FORMER ADDRESS)

\_\_\_\_\_  
(SOCIAL SECURITY NUMBER) \*                      (DATE OF BIRTH)\*

\_\_\_\_\_  
(DRIVER LICENSE NUMBER)                      (STATE OF ISSUE)

Education and Training\*

\_\_\_\_\_

\_\_\_\_\_  
Name of School and Address (continue on reverse if necessary)

Did you graduate? \_\_\_\_\_                      What year? \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE)                      (DATE)

\* Without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background check.