

Department of Public Safety

Background Information Form

PLEASE READ CAREFULLY

AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

Mid-Coast Family Services

I hereby authorize Texas Department of Public Safety, Mid-Coast Family Services and any of its agents/contractors/designated Company Personnel to disclose orally and in writing the results of this verification process and/or interview to the designated authorized representative of this Company.

I authorize persons, organizations and Agencies to provide Mid-Coast Family Services and any of its agents/contractors with all information that may be requested, and to conduct a verification, as deemed necessary by this Company to fulfill the job requirements, with regards to my criminal history record information which may be in the files of any Federal, State, or Local criminal justice agency in Texas. I hereby release all of the persons and Agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original. All results will be proprietary and will be kept CONFIDENTIAL and disclosed orally and in writing only to the designated authorized representatives of this Company and its Clients.

I do hereby agree to forever release, discharge and indemnify Texas Department of Public Safety, Mid-Coast Family Services, and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information.

I have read and understand this release and consent, and I authorize the background verification.

Signature: _____ Date _____

Please print legibly the following information:

First Name: _____ Middle Name _____ Last Name _____

D.O.B. ____/____/____ Last four digits of Social Security Number _____

Maiden Name: _____ Other Names: _____