



## AUTHORIZATION TO RELEASE INFORMATION

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please be advised that I have applied for a position with **Alexander Protective Services, Inc.** I have been requested to provide information for their use in reviewing my background and qualifications. Therefore, I authorize the investigation of my past and present health records, arrest and criminal history records, full driving history, personal character, education records (including attendance and grades), military records and employment qualifications as well as any additional training program certifications.

The release in any manner of all information by you is hereby authorized whether such information is of record or not, and I do hereby release all persons, agencies or firms from any liabilities resulting from providing such information.

**This authorization is valid for 365 days from the date of my signature below.** Please keep this copy of my release request for your files. Thank you for your cooperation.

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date