## **Consent to Release Background Check Results**

Full Name
Date of Birth
Address
Recipient (Name/Organization to Receive Results)
Tecipient (Name/organization to receive results)
Details of Background Check Results to be Released
Authorization  I hereby authorize the release of my background check results as specified above to the recipient indicated.
Thereby authorize the release of my background check results as specified above to the recipient indicated.
Signature
Data
Date