

Background Check Withdrawal Authorization

I hereby formally request and authorize the withdrawal of my consent for the background check previously initiated as part of the application or onboarding process with:

Company/Organization Name

I understand that withdrawing my authorization may affect my application status and/or employment eligibility.

Applicant Name

Date of Birth

Position Applied For

Address

Authorization Withdrawal

By signing below, I confirm that I withdraw my authorization for any further background investigation by the above company/organization effective immediately.

Applicant Signature

Date