

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize my employer, through their agent, **Orion International Corporation**, to obtain information related to past employment, employers, school activities, verification of education, criminal justice agencies, motor vehicle/registration departments, credit checks, professional licensing registries, or other relevant sources of information.

This Information may include, but is not limited to, information about my academic achievement, performance, attendance, disciplinary, employment history, criminal history record information, credit screening, and driving and motor vehicle record.

I authorize **Orion International Corporation** to disclose the record of my background investigation to my employer or prospective employer.

I authorize custodians of records and other sources of information pertaining to me to release such information to **Orion International Corporation** regardless of any previous agreement to the contrary. I release my employer Services, its officers, employees, and agents, from any liabilities resulting from release of such information

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for one (1) year from the date signed or upon my termination of employment with the employer, which ever is sooner.

Signature

Date

Full Name (Print Legibly): _____

Other Names Used: _____

Current Address: _____

Other State(s)/Cities of Residency last 10 years _____

Home Phone: _____

Work/Cell Phone: _____

Date of Birth: _____

Place of Birth: _____

Social Security Number: _____

Drivers License Number & State: _____