

PATHWAYS, INC.

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_, do hereby authorize PATHWAYS, or authorized company representatives bearing this release to search and review any criminal history and/or traffic charge record, including any records of complaint, arrest, trials and/or convictions concerning myself, wherein records are found in any public record storage facility including any court house and/or Motor Vehicle Administration facility in the United States of America. This search may also be conducted at anytime during the course of my employment, if hired. I hereby release and discharge Pathways or other source providing information from all claims and damages arising out of or relating to any investigation of my background for said purposes. I understand that said information may be submitted or retrieved utilizing our background investigator's website. Please provide a minimum seven years of residential history.

I understand that any information obtained by search and review of these records can be considered in determining my suitability for employment by PATHWAYS.

**Please print clearly.**

\_\_\_\_\_  
First, Middle, Last Name Maiden Name/Alias

\_\_\_\_\_  
Social Security Number Date of Birth Driver's License/State

\_\_\_\_\_  
Current Address City, State, Zip

\_\_\_\_\_  
County Dates: From To

\_\_\_\_\_  
Previous Address City, State, Zip

\_\_\_\_\_  
County Dates: From To

\_\_\_\_\_  
Previous Address City, State, Zip

\_\_\_\_\_  
County Dates: From To

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Witness Signature

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