

AUTHORITY FOR RELEASE OF INFORMATION

I authorize SCECG, The Chapman Corporation, and their agencies to perform a background check. With this request, I authorize all corporations and law enforcement agencies to release information about my background to the person or company with which this form has been filed, or their agent. This form releases the aforesaid companies from any liability and responsibility for collecting the above information. Research is in accordance with the Fair Credit Reporting Act (FCRA, U.S.C. **1681-1681U).

Last Name First Name Middle Name

Maiden Name /Other Last Names

Date of Birth Social Security Number

Current Address

City State Zip Code

Additional Addresses in last 7 years.

Address _____

City _____ State _____ Zip Code _____

Address _____

City _____ State _____ Zip Code _____

I understand that The Chapman Corporation, and its employees and or agencies, shall not be held legally accountable in any way for providing this information to the above named person or company and hereby release said agency and person from any and all liability which may be incurred as a result of furnishing such information.

Applicant/Employee Signature

Date