AUTHORIZATION TO RELEASE INFORMATION INTELLICORP

For Consumer Reports and Background Investigation

I,Last Name		First Name	Middle Name	
	Dates Lived Here			
Addresses for the past seven years: (include street, city, state, zip code)			Dates of Residence	
Date of Birth	Other Names Used (includi	ng maiden name)	Years Used	
Social Security Number	Driver's Lic	ense #	State	
in nature and I release all per- Authorization will be used ex- information which will be co- correct, and complete answer in the knowledge that they we additional information that m party or agency contacted by	sons from liability on account acclusively by Intellicorp Reconsidered in determining any sits and statements on my emploill be relied upon in considering by be requested to process my	of such disclosures. In ords, Inc. for identification and interest of the property of the prop	deemed to be privileged or confidential aformation appearing on this tion purposes and for the release ent. I certify that I have made true, a supplements to it and in my interview employment. I agree to provide on. I authorize without reservation, any ioned information. This authorization	
Verifications. (This will author	authorize you to contact reprize immediate inquiries to the nent/Reference Section of you	ne Human Resources De	Employment and Reference epartment and to any listed supervisors	
substances of all information	in its files on me at the time of	of my request, including	fication, to request the nature and g sources of information, and the rnished within the two year period	
			r answer made by me on my application tion of employment and my discharge	
Printed Name	Appl	icant Signature	Date	