

**E-Screening, LLC
P.O.Box 403
Safety Harbor, FL 34695**

**Office: (727) 937-1935
Fax: (727) 937-1937
escreening@hotmail.com**

**CURASTAT
ORDER FORM
&
AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION**

Please fax with request to (727) 937-1937

This authorization and consent of release of personal information acknowledges that E-Screening, LLC (Hereafter referred to as " company) and/or its agents may conduct investigations. These investigations might include, but are not limited to, records of previous employment including detailed information on work history, searches of educational institutions, military records, criminal history information on file in local, state or federal agencies, workers compensation records and motor vehicle/driver's license records.

I authorize and consent for full release of records (either orally or written) to the authorized representatives of the company. In addition, I release and discharge the company and its agents and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs, expenses or any other charge or complaint filed with any agency arising from retrieving and reporting its information. I understand that this notice will apply to any future update reports that may be requested and is valid for up to one year from the below date for hiring purposes. In reading this document, I understand fully its complete contents and I authorize the background verification.

Signature (required): _____

Date: ____ / ____ / _____

Please Print Full Legal Name:

First: _____

Middle: _____

Last: _____

Maiden Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Race: _____ Sex: (M) _____ (F) _____

Date Of Birth: MM/DD/YY _____ - _____ - _____

Social Security Number: _____ - _____ - _____

Driver License Number & State: _____
