

PreTrax, Inc. 10 Center Street Chagrin Falls, Ohio 44022 www.pretrax.com 440-247-1600 Fax: 440-247-1611

## **Authorization for Release of Information**

We appreciate your interest in employment with **Mayes Education Inc. dba Waldorf College**. As part of our normal procedure for processing applications, we will conduct an investigation into your background. Therefore, by this document we are disclosing to you that a consumer report, including an investigative consumer report containing information as to your character, general reputation, and personal characteristics, including, but not limited to verification of credit history, workers compensation, criminal history from various state and private sources along with other public records available, social search and motor vehicle records, may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Should an investigative consumer report be requested, you will have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

Please read the following statement and indicate your agreement by signing below:

I authorize all persons, investigative agencies, business organizations, schools, companies, corporations, credit bureaus and law enforcement agencies to supply **Mayes Education Inc. dba Waldorf College** and/or its agents with an investigative consumer report containing any information concerning my background. I authorize PreTrax, Inc., its partners, personnel, and/or agents to conduct and interpret interview procedures they believe necessary. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for reporting agencies to procure consumer reports or investigative consumer reports at any time during my employment period. I hereby release all involved in obtaining, providing, and/or utilizing any consumer reports and/or investigative consumer reports from any and all claims and damages of any kind whatsoever.

Please sign below to signify receipt of the foregoing disclosure and authorization.

Applicant Last Name	First Name	Middle Name or Initial
Other Names Used (Maiden, AKA)	Date of Birth	Social Security Number
Drivers License Number	State Drivers License Issued	Last name on Drivers License
Current Street Address	City/State/Zip	Dates (From / To)
Previous Street Address	City/State/Zip	Dates (From / To)
Are you currently employed? yes	no May we contact your curren	nt employer? yes no
Applicant's Signature	Today's Date	_