



Education/Employment Verification Standard Authorization

Authorization: By signing below, you authorize (a) National Center for Safety Initiatives, LLC (“NCSI”) or its agents to request information about you from any public or private information source; (b) anyone to provide information about you to NCSI and its agents; (c) NCSI’s agents to provide NCSI one or more reports based on that information; and (d) NCSI to share those reports with others for legitimate business purposes related to your application for participation, engagement or employment. NCSI may obtain information about your education, employment or work history, professional licenses and credentials, references, and any other information with public or private information sources. You acknowledge that a fax, image, or copy of this authorization is as valid as the original. You agree that this authorization is valid for as long as you are an applicant, participant, contractor or employee with the organization related to your current application.

Some government agencies and other sources require the following information when checking for records. NCSI will not use it for any other purposes.

Personal Information: Please print the information below to identify yourself for NCSI and its agents.

Printed name: _____
First Middle Last

Other names used: _____

Month and Year of Birth: _____

Signature

Date