



APPLICANT RELEASE FORM

COMPANY NAME: _____

FAX #: _____

PHONE #: _____

I, (the undersigned), authorize Reliable Screening L.L.C, or its assigned agents, to obtain my credit report, employment records, education verification, rental history, driving record, and/or criminal history. I understand that this information will **only** be gathered for the services for which I am applying.

(Please print legibly to speed up processing time)

NAME:
SSN:
DOB:
ADDRESS:

Signature

Date

**Reliable Screening Inc.
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SLC, UT 84121**

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Fax: 801-438-0195
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