



The Luke Project

Authorization For Release of Background Information

In connection with my application for service with The Luke Project, I authorize The Luke Project and, or, ACCUFAX Div., Southvest Inc., their agent, to solicit background information relative to my criminal record history. I understand that The Luke Project may conduct inquiries into my background that may include criminal records, motor vehicle records, personal references and other public record reports pertaining to me. When requested by an employer motor vehicle records or a driving history may be obtained. American Driving Records will provide motor vehicle records from the state of Louisiana.

I authorize without any reservation, any person, agency, or other entity contacted by The Luke Project or ACCUFAX Div., Southvest Inc., their agent for purposes of obtaining background report information, to furnish the above-mentioned information.

I release The Luke Project, their respective employees or ACCUFAX Div., Southvest Inc. their agent and employees and all persons, agencies and entities providing information or reports about me from any and all liability arising out of furnishing any such information or reports.

Requested by: 423093 PLEASE PRINT INFORMATION BELOW

FULL LEGAL NAME \_\_\_\_\_ DOB \_\_\_\_\_

OTHER NAMES USED \_\_\_\_\_ SS# \_\_\_\_\_

DRIVERS LIC # \_\_\_\_\_ STATE ISSUED \_\_\_\_\_

Please note: If your address is a rural route, or post office box, we must have City & County where mail was delivered

Current Address \_\_\_\_\_ City \_\_\_\_\_ Co. \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_ How long at this address? (Months/Years) \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ Co. \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_ How long at this address? (Months/Years) \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ Co. \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_ How long at this address? (Months/Years) \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ Co. \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_ How long at this address? (Months/Years) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

LIST ALL CITY/STATES RESIDED AT SINCE AGE 18 AND HOW LONG IN EACH CITY/STATE:

\_\_\_\_\_

Once complete please fax directly to Fax: 800-256-2925. This is a secure fax. Destroy document as required. Do not mail, hand deliver or leave this document with anyone.

The Luke Project Please Call 678-754-7700 if you have questions.