

The Luke Project, Inc. - Atlanta, GA

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
BELOW

PLEASE PRINT INFORMATION

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: 866-425-2518. This is a secure fax. Please destroy this document as required. Do not mail, hand deliver or leave this document or information with anyone.

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