

GENERAL RELEASE FORM

By completing this general release, I acknowledge that inquiries may be made into my background, consumer credit and criminal convictions. These inquiries may include my character, work habits, verifications of professional licensing, employment and educational credentials and public records.

My signature on this release authorizes *Insolu, Inc.*, an independent contractor, and/or its agents to make these inquiries. Further, by signing below I acknowledge my understanding that *Insolu, Inc.* and/or its agents, may, where applicable, retrieve information from Federal, state, local and regulatory/licensing agencies regarding civil lawsuits, criminal filings, and other public records.

I authorize all professional organizations, criminal justice and law enforcement agencies to respond completely and truthfully to any inquiries made by *Insolu, Inc.* in connection with this background investigation. I hereby release any person providing information about me to *Insolu, Inc.* of any and all liability arising from furnishing that information.

Copies of this release authorization form that show my signature are as valid as the original signed by me. The following personal information is to aid in the proper identification of pertinent records:

Full Legal name (print):

\_\_\_\_\_

Last	First	Middle
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Other names used: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birthday: \_\_\_\_\_

Current address:  
\_\_\_\_\_

Previous address:  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date