



General Release Form

The purpose of this form is to notify you that an investigation report will be conducted on you in the course of consideration of this request.

Company Name: _____

Company Address: _____

Last Name: _____ First: _____ Middle: _____

Maiden Name or any aliases used in past _____

Social Security Number: _____ Birth Date: _____

Driver's License Number: _____ State: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

Please list your last seven years of residence (include city and state).

In connection with this request, I hereby authorize all corporations, employers, education institutions, law enforcement agencies, city, state, county, and federal courts, military services and person to release information they may have about me to the person or company with which this form has been filed or their agent. Clear Investigative Advantage, LLC. I consent to a criminal background check being run with the information given above. This releases the aforesaid parties from any liability and responsibility for collecting any information.

Applicant's Signature: _____ Date: _____

**Church: SD
4579 Mission Gorge Place
San Diego, CA 92120**

**Phone: (619) 202-7603
info@churchsd.com
www.churchsd.com**