



**AUTHORIZATION FOR PERMISSION TO
RELEASE CONFIDENTIAL INFORMATION**

I, _____, hereby authorize Renewing Management, Inc and its employees to verify, obtain copies of records and gather any information required to complete an Investigative Consumer Report pertaining to my submitting application for employment and if hired, during the duration of employment with Renewing Management, Inc.

AUTHORIZATION

I understand and give my permission to release any and all information from your files as permitted by law pertaining to Driving Records, Law Enforcement and Public Court Records, Credit Records, Employment and Education Records.

RELEASE OF LIABILITY

I hereby forever release and discharge Renewing Management, Inc and its officers, directors, shareholders, agents and employees, as well as successors, assigns and all other persons acting on its behalf, from any claims, liability, action for damages compensation or otherwise, known or unknown, on account of or arising out of the investigation and disclosure of the requested information.

I further release and discharge all liability from all companies, agencies, officers, officials, employees and persons providing good faith, pertinent information and/or records as requested to successfully complete an Investigative Consumer Report for my application of employment.

Signature

Date

Social Security Number

Drivers License State & Number

Date of Birth

email address/phone number

Current Address: _____

Previous Address: _____
