

Sacred Mountain Medical Service

PO Box 2290
Tuba City, Arizona 86045
(928) 283-8243



RECORD CHECK RELEASE FORM

I, _____, authorize Sacred Mountain Medical Service to obtain criminal background reports and/or investigative criminal background reports for the pre-employment background investigation, and, if I am hired, at any time during my employment. I understand that these reports might include, but are not limited to, a search of my criminal background, reference checks, driving record checks, and verification of my identification and Social Security Number. I agree that this Disclosure/Authorization, in original or copy form, is valid for all current and future criminal background reports.

I release and hold harmless all parties involved from any and all liability for damages arising from requesting, procuring or furnishing the requested information except with respect to a violation of the Act. I authorize the employer and its agent reporting agency and all associated entities and its clients to receive any criminal history information pertaining to me in the files of any state or local criminal justice agency.

Full Name: _____

Maiden Name (if applicable): _____

Other Former Names (list all, if applicable): _____

Birth Date: _____ Social Security # _____ - _____ - _____

Driver's License # / Issuing state: _____

Signature

Date