



Copy of Release of Information

I, _____ (*print*), authorize A&A Investigations & Consulting Group to make whatever inquiries it deems necessary in connection with my application for employment or in the course of review of any employment. I authorize all persons, schools, companies, corporations, credit bureaus, department of motor vehicles and law enforcement agencies to supply information concerning my background. I release A&A Investigations & Consulting Group, Trans Union, and all persons who provide information to A&A Investigations & Consulting Group concerning me, from all liability or any damages on account of inquiry into and the furnishing of said information.

A photocopy of this authorization shall be deemed an original and shall be accepted as such by every person. I understand that I have the right to request a copy of any report by writing to A&A Investigations & Consulting Group within 60 days. The fee for this report will be paid at my expense to A&A Investigations & Consulting Group. As per the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained from a consumer reporting agency such as A&A Investigations & Consulting Group.

_____ Signature	_____ Date	_____ Date of Birth
_____ Other names used	_____ Social Security Number	
_____ Name as it appears on driver's license	_____ D.L. Number	_____ State
_____ Address	_____ City/State	_____ Zip

(_____) _____
Phone Number (Must Be Provided Before Processing)

Requested By: CYPRESS SOLUTIONS LLC

PLEASE WRITE CLEARLY