## Authorization for Civil and Criminal Background Checks

I, \_\_\_\_\_\_\_ hereby authorize CDIService and, or its agents to make an independent background check on \_\_\_\_\_\_\_ which may include their character, general reputation, personal characteristic, and mode of living.

The scope of the report may include, but not be limited to information concerning driving record, civil and criminal court records, credit, bankruptcy, education, credentials, identity, past addresses, social security number(if available), previous employment, personal references and family members(if known), social media, etc.

## Subjects Information:

Full Name:		
Maiden Name:		
Other Aliases:		
Last Known Address:		
City:	State:	Zip Code:
Phone #:		
Date://		
Social #:		
Driver License #:		State Issued:
Employer:		Position:
School:		
Education:		

Relatives: \_\_\_\_\_

Military / Branch of Service: \_\_\_\_\_ Rank: \_\_\_\_\_

Deployment: \_\_\_\_\_

Specific Information Requested:

**CDIService** may need to contact you if additional information is required to process the background check.

Please provide a phone number and email address where we may contact you.

Phone #:Hours Available:	
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Email address: \_\_\_\_\_

CDIService

Client(s)