RHR INFORMATION SERVICES, INC.
The right path to the right people.

(FOR OFFICE USE ONLY)
SITE NAME: _____
RHR ACCT #: _____

CRIMINAL RECORDS CONSENT FORM

Personal Information:

I, _____ **have made application**
Last Name First Middle Maiden

with _____ **for** _____
Company Name State Purpose

_____
Current Address City State Zip Code

_____
Previous Address City State Zip Code

____/____/____ _____ _____ _____ _____
Date of Birth Sex Social Security Number Driver's License State

Release:

I hereby authorize the State(s) of: _____ _____
City / County State

_____ _____
City / County State

_____ _____
City / County State

To disclose my entire criminal history including arrests and convictions to RHR Information Services, Inc. (RHR) for the purpose stated above. I acknowledge that a photographic copy or telephone facsimile copy shall be valid as the original.

Signed: _____ **Date:** _____
Complete Legal Signature

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