**NATIONAL REAL ESTATE**

**RELEASE OF LIABILITY**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_, Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby authorize NATIONAL REAL ESTATE, of Orlando, FL to conduct a background investigation into the following areas of my personal and employment history: curent and previous employment, education, credit, driving records, criminal and civil records, professional licensing and general character including honesty.

My driver’s license number is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and was issued by the state of\_\_\_\_\_.

Sex: Male Female

**ADDRESS INFORMATION:**

Current address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length at current address: \_\_\_\_\_\_\_\_ (if less than 7 years please provide previous addresses)

Previous address (1):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous address (2):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length at previous address (1):\_\_\_\_\_\_\_\_, Length at previous address (2):\_\_\_\_\_\_\_\_\_\_\_\_\_.

**AUTHORIZATION & RELEASE:**

I hereby authorize any person, agent, corporation, company, agency, or institution to release any information, documents, or assessments, they possess regarding me or my performance as an employee, student, associate, or acquaintance. I release, and permanently hold harmless, NATIONAL REAL ESTATE, their agents and assigns, and EQUIFAX INFORMATION SERVICES, LLC, and the REQUESTER and their agents and assigns, from any and all demands and or liabilities that may originate from these investigations, or any demand or liability which may result from any physical examination, drug testing procedure, x-rays, or other medical screening procedures conducted by them or their agents, and any person, corporation, company, institution, or their agents who may act upon the authority of his release. I hereby authorize that a photo cop or electronic facsimile of this document shall serve as an original. If a notarized copy of this document is required for any background check, the notarized copy will be provided.

Applicant signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REQUESTER INFORMATION:

NATIONAL REAL ESTATE

PO Box 536818

Orlando, FL 32853

Phone: 407-203-6903