

# Metropolitan Government of Nashville and Davidson County



## NOTIFICATION AND AUTHORIZATION TO RELEASE BACKGROUND INFORMATION

Name (please print): \_\_\_\_\_  
Other Names Used (alias, maiden, nickname) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\* (month/day/year)  
Race \_\_\_\_\_ Gender \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State of Issuance: \_\_\_\_\_  
Hiring Department: \_\_\_\_\_ Job Classification: \_\_\_\_\_

I, the undersigned, do hereby authorize Metropolitan Government of Nashville & Davidson County by and through its independent contractor, to procure the necessary background report(s) on me. The reports may include education verifications; my driving history, including any traffic citations; a social security number verification; criminal and civil history/records; any other public record.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative background report of which I am subject upon my written request to the independent contractor. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et seq.

I authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Metropolitan Government and/or the independent contractor including but not limited to any courts, public agencies, law enforcement agencies, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I agree to release Metropolitan Government, the independent contractor, and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, by me, my heirs or others making such claim or demand on my behalf, for providing an investigative background report hereby authorized. I understand that this Authorization/Release form shall remain in effect for the duration of my employment with Metropolitan Government.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed by

\_\_\_\_\_  
Date

\* The DOB, Race and Gender is necessary in order to perform a timely background check. This information is utilized solely to ensure accurate identification.

**\*\*\*APPLICANT – DO NOT WRITE BELOW THIS LINE\*\*\***

### TO BE FILLED OUT BY DEPARTMENT REQUESTING INFORMATION:

#### Select any additional searches from the following:

Statewide Criminal History    National Sex Offender    Education/Degree Verification    Motor Vehicle Record  
 Professional License Verification    Previous Employer Verification    Federal District Criminal Search