

**INFORMATION MANAGEMENT SYSTEMS, INC.**

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**RELEASE (AUTHORIZATION) FORM**

I hereby authorize INFORMATION MANAGEMENT SYSTEMS, INC. and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and /or and investigative consumer report to be generated for employment/tenancy/due diligence purposes.

I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas:

Verification of social security number, current and previous residences: employment history records from any criminal justice agency in any or all federal, state, county jurisdictions: birth records: workers comp checks: motor vehicle records to include traffic citations and registration: and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to INFORMATION MANAGEMENT SYSTEMS, INC. and its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release INFORMATION MANAGEMENT SYSTEMS, INC. the Social Security Administration, and its agents, official, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release. You may contact me as indicated below.

I understand this authorization automatically expires 90 days from the date executed below and that I have the right to revoke the authorization at any time, provide I do so in writing.

PRINT NAME: \_\_\_\_\_  
(First) (Middle) (Last)

FORMER NAME(S) AND DATES USED: \_\_\_\_\_

CURRENT ADDRESS SINCE: \_\_\_\_\_ : \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/ State)

PREVIOUS ADDRESS SINCE: \_\_\_\_\_ : \_\_\_\_\_  
(Mo/ Yr) (Street) (City) (Zip/State)

PREVIOUS ADDRESS SINCE: \_\_\_\_\_ : \_\_\_\_\_  
(Mo/ Yr) (Street) (City) (Zip/State)

SOCIAL SECURITY NUM: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

TELEPHONE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_  
AREA CODE

DRIVER LICENCE NUMBER/STATE: \_\_\_\_\_ STATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_