

BROOKSTONE SCHOOL
706-324-1392
FAX: 706-571-0178

CONSENT FOR RELEASE OF CRIMINAL RECORDS

I, the undersigned, do hereby authorize Brookstone School to examine any and all motor vehicle records, criminal records, warrants, and arrests on file. I will not hold Brookstone School, Remote Business Management, National Applicant Screening, Inc. or any of its members, directors, or anyone employed by the said companies liable for any information found that may prove to be incorrect or that may have an adverse effect on my employment.

I understand that the following information is required for the purpose intended only.

Date

Print Full Name

Signature

Social Security Number

Date of Birth Sex Race

Physical Street Address (do not list P.O. Box)

City State Zip Driver's License No. & State Issued

If you have lived outside the State of Georgia in the past 10 years, please list your prior address(s) below:

Faxed to 770-339-2708 on _____ by _____

Dept: _____