

LANG INVESTIGATIONS, INC.

RELEASE AUTHORIZATION

I expressly authorize any person associated with any educational institution, past or present employer, any law enforcement agency (federal, state or local), any credit reporting organization, or any person who has knowledge of my character, work experience, criminal records, education, personal interviews, worker's compensation records (ONLY AFTER A CONDITIONAL JOB OFFER HAS BEEN MADE, in accordance with Title I: Americans with Disabilities Act), to release information to **LANG INVESTIGATIONS, INC.**, including their employees and agents, orally or in writing. I hereby waive any rights or claims I may have and release **LANG INVESTIGATIONS, INC.** and their employees or agents from any liability and responsibility, and any person providing the requested information from any damage whatsoever resulting from the acquisition, use, retention, or disclosure of any such information. I hereby authorize that a photocopy or Fax of this authorization can be considered as valid as an original. I will not hold **LANG INVESTIGATIONS, INC.**, their employees or agents responsible for errors or inaccuracies in the acquisition or transmittal of information pertaining to the verification of my background. I also authorize **LANG INVESTIGATIONS, INC.** to release the above information only to **COVENANT ACADEMY** for their sole use.

Position Sought _____

Full Name: _____

Current Home Address: _____

City/State/Zip Code _____

Social Security # _____ Phone _____

Date of Birth* _____ State/Drivers License #: _____

*Date of Birth is requested to insure accurate retrieval of records.

List previous addresses for last seven (7) years

Previous Home Address _____

City/State/Zip Code _____

Previous Home Address _____

City/State/Zip Code _____

LANG INVESTIGATION, INC.

RELEASE AUTHORIZATION CONTINUED

Previous Home Address _____

City/State/Zip Code _____

Previous Home Address _____

City/State/Zip Code _____

Previous Home Address _____

City/State/Zip Code _____

Applicant Signature: _____ Date _____

Please check all reports requested for this candidate:

Criminal History: _____

Workers Compensation: _____

Credit Report: _____

Education Verification: _____

Civil Records: _____

Employment Verification: _____

Prospective Employer: **COVENANT ACADEMY**

PHONE: 281-373-2233

Fax: 281-582-8227