



- NRI Accounting Resources®
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www.nri-staffing.com

NRI, INC. - AUTHORIZATION TO RELEASE INFORMATION

I, _____
 Last Name First Name Middle Name

 Current Address (street address, city, state, zip code) Dates Lived Here

Addresses for the past seven (7) years (include street address, city, state, zip code):

 Date of Birth Other Names Used (include maiden name) Years Used

 Social Security Number Driver's License # State Issued

do here by authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc or any part thereof. I authorize any duly authorized agent of NRI, Inc to obtain such records whether public or private, including those that may be deemed to be privileged or confidential in nature. This information will only be used for identification purposes and for obtaining information which will be considered in determining any suitability for employment. I certify that I have made true, correct and complete answers and statements on my employment application, any supplements to it and any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. This authorization is valid during the course of my employment to the extent permitted by law.

I hereby do _____ do not _____ authorize NRI, Inc. to contact my current employer for employment and reference verifications.

I have the right to make a request to NRI, Inc. to request the nature and substance of all information in its files on me at the time of my request, including sources of information.

I understand and agree that any omission, false statement, misleading statement or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of my application of employment and my discharge after employment.

 Printed Name Signature Date