

BACKGROUND CHECK AUTHORIZATION FORM



REQUESTING AGENCY _____

FULL NAME (FIRST, MIDDLE, LAST) _____

PREVIOUS NAME(S) KNOWN BY _____

SOCIAL SECURITY NUMBER _____ -- _____ -- _____

EMAIL ADDRESS _____

DATE OF BIRTH (MM/DD/YYYY) _____ / _____ / _____ (FOR BACKGROUND PURPOSES ONLY)

DRIVERS LICENSE NUMBER _____ STATE _____

CURRENT ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____

**By signing this form, I give QUALITY DRUG TESTING, INC. permission to perform a background check.*

SIGNATURE _____ DATE _____