



## AUTHORIZATION OF RELEASE OF INFORMATION

I authorize Appdiction Studio LLC., or an agent thereof, to conduct my background investigation, to obtain any information relating to my activities from schools, employers, criminal justice agencies, or other sources of information. This information may include, but is not limited to, my academic, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and credit report if required.

I understand that, for some sources of information, a separate specific release may be needed and I may be contacted for such a release at a later date.

I authorize custodians of records and sources of information pertaining to me to release such information upon request of the agent of Appdiction Studio LLC, authorized above.

I understand that information release by records custodian and sources of information is for official use by Appdiction Studio LLC, only for the purpose of determining employability and may be re-disclosed by Appdiction Studio LLC.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for two (2) years from the date signed.

First Name	Middle Name	Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Other Name(s) Used	Social Security #	Date of Birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Current Street Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number	Choose one		
<input type="text"/>	<input type="radio"/> U.S. Citizen <input type="radio"/> U.S. Citizen NOT born in the U.S. <input type="radio"/> NOT U.S. Citizen		
Alien Registration Number			
<input type="text"/>			
Signature	Date <input type="text"/>		