



BACKGROUND CHECK RELEASE FORM

I understand that due to the nature of the business conducted by Detection Security Company, Inc. and the type of information available to its employees, that it is necessary for Detection Security Company, Inc. to conduct a background check on prospective employees.

I hereby grant permission to Detection Security Company Inc. to perform a complete and thorough background check of my person, in regard to application for employment with said Company.

I do also hereby give my permission for all law enforcement, court agencies, financial institutes and credit bureaus to release information requested by Detection Security Company, Inc. to said Company.

In granting my permission, I agree to hold harmless Detection Security Company, Inc. and all releasing agencies of any liability that may result, now or in the future, from the release of any information.

I declare that the driver's license and social security numbers provided below are registered to me and that I have no criminal records recorded under any other drivers license number, social security number or alias identity.

Date Of Birth:

Drivers License Number:

Social Security Number:

Printed Name:

Date:

Signature: _____