



Authorization for Release for Background Investigation

I _____ (print your full legal name) hereby authorize Louisiana Task Force to procure a criminal and civil background check. This report may be compiled with information from the FBI, State law enforcement agencies, courts record repositories, departments of motor vehicles and governmental occupational licensing or registration entities. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification.

Applicant Name: _____

DL#: _____ Class: _____ State: _____ Date of Birth: _____

Sex: _____ Race: _____ Ht: _____ Wt: _____ Last 4 of SSN: _____

Address: _____

City: _____ St: _____ Zip: _____

Employer: _____

Name and title of immediate supervisor: _____

Employer Address: _____

City: _____ St: _____ Zip: _____

Employer Phone: _____

Dates of Employment: _____

- Please attach a copy of your state issued driver license to this form.

Applicant Signature: _____

Printed Name and Date _____

Witnessed by: _____

Printed Name and Date: _____