



Kelmar and Associates/Record Pros  
2553 Jackson Keller Suite 200 San Antonio, TX 78230  
Phone: 210-342-0509 Fax: 210-342-0731  
License #: C-05785  
e-mail: [kelmar2@kelmarpi.com](mailto:kelmar2@kelmarpi.com)  
website: [kelmarpi.com](http://kelmarpi.com) & [recordpros.net](http://recordpros.net)

**BACKGROUND INQUIRY RELEASE**

In connection with my application for employment/residency, I understand that an investigative background inquiry is to be made on myself, including, but not limited to, identity and prior address(es) verification, criminal history, driving record, consumer credit history, education verification, prior employment verification and other references, as well as other information.

I, further understand that for the purposes of this background inquiry, various sources will be contacted to provide information, including but not limited to various Federal, State, County, municipal, corporate, private and other agencies, which may maintain records concerning my past activities relating to my criminal conduct, civil court litigation, driving record, and credit performance, as well as various other experiences.

I, hereby authorize without reservation any company, agency, party or other source contacted to furnish the above information as requested. I do hereby release, discharge and indemnify the prospective employer/landlord, its agents and associates to the full extent permitted by law from any claims, damages, losses, liabilities, cost and expenses arising from the retrieving and reporting of the requested information.

I am willing and acknowledge that a photocopy of this authorization be accepted with the same authority as the original and this signed release expires one (1) year after the date of origination. **PLEASE PRINT CLEARLY & USE YOUR FULL LEGAL NAME.**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

**Applicant Full Legal Name:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License/ID: \_\_\_\_\_ State: \_\_\_\_\_

In connection with this request, I \_\_\_\_\_ hereby release the aforesaid parties from any liability and responsibility for obtaining my credit report.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_