 PERMISSION AND RELEASE FORM FOR A BACKGROUND INVESTIGATION/DRUG SCREEN

**Do NOT Submit Directly to Accushield**

Click here to enter text. Click here to enter text.

(LEGAL NAME) FIRST, MIDDLE, LAST MAIDEN/FORMER NAMES

 MALE [ ]  FEMALE [ ]

Click here to enter text.

(CURRENT ADDRESS) NUMBER, STREET, CITY/TOWN, STATE, ZIP CODE

*Only include your date of birth and social security number if you would like MLQ Attorney Services to manually submit your personal information. If you would prefer to be sent a link to provide your own personal information, please disregard the DOB and SSN lines and select the below box instead:*

 [ ]  *I* ***request to be emailed a link to submit my own personal information for the background check/drug screen***

 mm/dd/yyyy format Click here to enter text.

DATE OF BIRTH SOCIAL SECURITY NUMBER

MY CONTACT INFORMATION: EMAIL: Click here to enter text.

PHONE NUMBER: Click here to enter text.

**Services Requested (check all that apply):** **BACKGROUND CHECK** [ ]  **DRUG SCREENING** [ ]

IN CONNECTION WITH PERFORMING SERVICES AT CERTAIN SENIOR LIVING COMMUNITIES, I HEREBY AUTHORIZE ACCUSHIELD, LLC AS AGENT FOR SUCH COMMUNITIES, AND ANY AUTHORIZED AGENTS ACTING ON ITS BEHALF, INCLUDING MLQ ATTORNEY SEVICES, TO PREPARE AN INVESTIGATIVE REPORT ON MY BACKGROUND INCLUDING A SOCIAL SECURITY TRACE FOR ADDRESS VERIFICATION. I THEREFORE AUTHORIZE, REQUEST AND REQUIRE ANY PERSONS OR INSTITUTIONS CONTACTED TO FURNISH MLQ ATTORNEY SERVICES, OR ITS AGENTS, ANY INFORMATION THEY HAVE CONCERNING ANY CRIMINAL RECORDS, MOTOR VEHICLE RECORDS, DRUG SCREENINGS, MY WORK HISTORY AND ACHIEVEMENTS, EDUCATION HISTORY AND ACHIEVEMENTS, AND GENERAL REPUTATION AND CHARACTER.

AS AN INDUCEMENT TO PROVIDE THIS INFORMATION, I HEREBY RELEASE AND FOREVER DISCHARGE EACH AND EVERY SUCH PERSON OR INSTITUTION FROM ANY AND ALL CLAIMS OF LIABILITY IN LAW OR IN EQUITY THAT MAY ARISE OUT OF FURNISHING SUCH INFORMATION TO MLQ ATTORNEY SERVICES, OR ANY AUTHORIZED AGENT OF THAT COMPANY.

I MAY, UPON WRITTEN REQUEST, RECEIVE FURTHER INFORMATION AS TO THE NATURE AND SCOPE OF SUCH INVESTIGATION. ANY INQUIRIES ARE TO BE DIRECTED TO ACCUSHIELD, LLC.

MY SIGNATURE BELOW INDICATES MY UNDERSTANDING AND ACCEPTANCE OF ALL THE ABOVE TERMS AND STIPULATIONS.

\_\_\_\_\_\_\_\_ *Click here to enter text.*\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_Click here to enter a date.\_\_\_\_\_\_\_

SIGNATURE DATE

(**REQUIRED TO COMPLETE REQUEST)**

**(COMPLETED BY MLQ ATTORNEY SERVICES)**

PLEASE CHECK REQUESTED INFORMATION:

MVR\_\_\_\_\_\_ PRE-EMPLOYMENT VERIFICATION \_\_\_\_\_\_

CRIMINAL HISTORY:\_\_\_\_\_\_\_\_ STATE(S)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER: PLEASE LIST\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERSON TO CONTACT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXT\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SEND TO MLQ ATTORNEY SERVICES: FAX 770-984-7049 / EMAIL** **ORDERS@MLQAS.COM** **/ PHONE 800-446-8794**