



Personal Release Order Form
Fax Completed Form to 614-635-2879
Questions? Call 877-932-2435

Applicant Information: Please print clearly; illegible writing will delay delivery

*=Required Information

*Name: _____ Maiden Name: _____
Address: _____ *Date of Birth: _____
City, State, Zip: _____ *SSN: _____ - -
*Daytime Phone Number: (____) _____ *Sex: M / F (please circle one)
Email: _____ *Race: Black / Asian / White / Native American/ Unknown (please circle one)

I hereby certify that I have given National Background Check, Inc. (NBCI) permission to conduct a criminal history search on myself. I understand that this search may include, but is not limited to, information related to my driving history, credit worthiness and criminal history. I hereby authorize any individual/agency to release any and all information they may have to the National Background Check, Inc. for the purpose of conducting said background check. I agree to release all such parties from any and all liability for any damage that may arise from the release of said information. I understand that some information that is obtained by NBCI is derived from public records and misidentifications based upon name and other identifiers can occur. By signing this release, I agree that NBCI is not responsible for any inaccuracies that may be found and that I will address any inaccuracies that may arise with the reporting entity. Furthermore, I agree that NBCI may release any and all information that is obtained in the course of the background check to the organization listed below (if applicable), to be used in accordance with any and all applicable laws.

*Applicant Signature: _____ Date: _____

Please place an "X" next to the reports to be conducted

_____ \$10 Nationwide Sexual Offender Search
_____ \$15 SSN Verification
_____ \$9 Six point Database Search – SAM, OIG, Abuser Registry, Sex Offender, Rehab and Corrections, Nurse Aid ***OHIO ONLY***
Nurse ID# _____
_____ \$20 Driving History (Issuing State) _____ (Driver License #) _____
_____ \$20 Level 1 – County Search Based on Residence Per County Pricing
County(s) _____ State(s) _____
_____ \$20 Level 2 – State Repository or Court System Check (Where Available)
State(s) _____
_____ \$20 Level 3 – National Public Records Search
_____ Civil Record Search (Per County Pricing)
County(s) _____ State(s) _____

*Email address which results are being sent to: _____

Name of Organization: _____

Main Contact: _____ Phone #: (____) _____

*Payment information - I hereby authorize NBCI to charge the following credit card to pay for the above background check(s)

Type (Visa, MC, or AMEX): _____ Card #: _____

Expiration Date: ____/____/____ CVV Code: _____ Name on Card _____

*Authorizing Signature: _____ Date: _____