AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

This authorization and consent for release of personal information acknowledges that Seneca Cayuga Nation , and, or its agents may conduct a background investigation. This investigation might include, but is not limited to, searches of financial or credit agencies, records of previous employment including detailed information on work history, searches of educational institutions, military records, criminal history information on file in local, state or federal agencies, workers compensation records and motor vehicle/driver's license records.

I understand that these due diligence searches will be used to verify the background for persons or entities interested in utilizing my services. Therefore, I authorize and consent to the full release of records (either orally or in writing) to the investigators or their authorized representatives. In addition, I release and discharge the investigators and their agents and associates, to the full extent permitted by law from any claims, damages, losses, liabilities, costs, expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that this notice will apply to any future update reports that may be requested and is valid up to one year from the below date for due diligence purposes. After reading this document, I understand fully its complete contents, and I authorize the background verification.

I understand that in the event that information from the credit report is utilized in whole or in part in making an adverse decision with regard to my potential employment, before making the adverse decision, I will be provided with a copy of the consumer credit report, and a description in writing of my rights under the Federal Fair Credit Reporting Act.

AUTHORITY TO RELEASE INFORMATION

I hereby authorize the investigators or their authorized representatives bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment, military, educational, medical, credit and law enforcement records concerning me. I hereby direct you to release such information to the bearer. This release is executed with full knowledge and understanding that the information is for the use of on behalf of the Seneca Cayuga Nation and/or parties to which they provide the background report. I hereby release you, as the custodian of such records, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below.

Full Name (Signature):_____ Date _____
Full Name: (Include maiden & previously used names): _____
Social Security Number:_____ Date of Birth_____
Current Address :_____
Telephone Number: (Home)_____ (Work)_____
Driver's License Number_____ State Where Licensed _____

Witness: _____ Date _____