

AUTHORIZATION TO RELEASE INFORMATION

I have applied for employment with [Associates Asset Recovery, LLC](#) and I hereby authorize [Associates Asset Recovery, LLC](#) to perform a background check and make inquiries about me to my former employers, educational institutions, credit sources, and other listed references.

I hereby authorize the party receiving this form to disclose any information they may have relating to my work performance, cooperativeness, ability to get along with coworkers, and other qualifications for employment that may be requested by [Associates Asset Recovery, LLC](#). Information received will become a permanent part of my personnel file and be treated as confidential by [Associates Asset Recovery, LLC](#).

I waive my right to view this information and I release the party receiving this form from liability for providing this information.

Date: _____

Signature: _____

Printed Name: _____

Address: _____

SSN: _____

Date of Birth: _____