**Employment, References, Education Verification, and Criminal Background Check Authorization**

I authorize The Goodkind Group to conduct a background investigation, including but not limited to, a social security number check, criminal background check, education verification, employment and/or reference check.

In addition to authorizing the release of the above information, I hereby fully waive and release The Goodkind Group and any third party from any claims that directly or indirectly arise from, or in any way relate to the use, disclosure, or release of any information obtained during the background investigation by any person or entity.

I am voluntarily releasing my date of birth to verify my identity for the purposes of a background investigation and understand that such information will be used for that purpose only.

I acknowledge that I have read and understand the information contained in this authorization and agree to the provisions contained herein.

|  |  |
| --- | --- |
| **Signature:** |  |
| **Name:** |  |
| **Date:** |  |
| **Date of Birth:**  |  |
| **Social Security Number:** |  |
| **Driver’s License Number:**  |  |