



BACKGROUND CHECK AUTHORIZATION

Print Legal Name: _____

Former Name(s) and Dates Used: _____

Current Address Since: _____
(ADDRESS)

Previous Address From: _____
(ADDRESS)

Social Security Number: _____ Date: _____

Telephone Number: _____

Drivers License Number: _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize the Talent Managers Association and its designated agents and representatives to conduct a comprehensive review of my background causing an investigative consumer report to be generated for membership and/or volunteer purposes. I understand that the scope of the investigative report may include, but is not limited to the following areas: verification of social security number; credit reports; current and previous residences; employment history; education background; character references; drug testing; civil and criminal history records, and any other public records.

I further authorize any individual, company, firm, corporation or public agency to divulge any and all information, verbal or written, pertaining to me, my company or its agents. I hereby authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation or public agency may have, to include information or data received from other sources. The Talent Managers Association and its designated agents and representatives shall maintain all information received from its authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

(SIGNATURE)

(DATE)