



Brazos Christian School Release & Authorization Statement

In connection with this request, I authorize all corporation, companies, former employers, credit agencies, education institutions, law enforcement agencies, city, state, county, and federal courts, military services, and persons to release information they have about me to Brazos Christian School and/or its agent and release all parties involved from any liability and responsibility for doing so.

I also authorize, if deemed necessary, the procurement of an investigative consumer report and understand that it may contain information about my background, mode of living, character, and personal reputation. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested. Further information may be available on written request with a reasonable period of time.

PLEASE PRINT:

Last Name	First Name	Middle Name
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Maiden/Former Name, if applicable

Social Security Number	Date of Birth
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Driver's License Number	State of Issue
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Present Street Address	City	State	Zip Code
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Former Residences: (Name of City and State only)

(1) _____

(4) _____

(2) _____

(5) _____

(3) _____

(6) _____

Signature

Date