



CIVIL NAME CHECK
BACKGROUND WAIVER
AUTHORIZATION FOR RELEASE OF INFORMATION

In consideration for processing my application for employment or volunteer services, I, _____ the undersigned, whose name and personal identification information voluntarily appear below, do hereby and irrevocably agree to the following:

- 1. I hereby authorize the Nevada Department of Public Safety, the Las Vegas Metropolitan Police Department and any other agency of criminal justice, to search for and release criminal history record information to the authorized participant named below.
2. In giving the authorization outlined herein, I understand all information provided may be reviewed by the authorized participant and/or any other eligible person authorized pursuant to Nevada Revised Statute Chapter 179A, in order to make an informed hiring decision. This information is confidential, and may not be further disseminated without my expressed written permission or an order from a court of law having jurisdiction.
3. I understand that I may review and challenge the accuracy of any and all criminal history records which are returned to the authorized participant, and that the proper forms and procedures will be furnished to me by the Nevada Department of Public Safety upon request.
4. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the requestor for any statement(s), omission(s), or infringement(s) upon my current legal rights.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

PERSONAL IDENTIFICATION INFORMATION:

Name: _____ (LAST) (FIRST) (MIDDLE)

Any Other Name Used: _____ (LAST) (FIRST) (MIDDLE)

Date of Birth: _____ Social Security Number: _____ Sex: _____

Race: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Authorized Participant: _____

Applicants Signature: _____

Applicants Physical Address: _____

Date: _____