



Disclosure and Release of Information Authorization

I authorize Great Lakes and/or Verifications, Inc., a consumer reporting agency, to investigate all statements contained in this application for employment and retrieve information relating to my past activities for purposes of such investigation from all relevant individuals and organizations, including but not limited to personnel, educational institutions, government agencies, companies, corporations, federal or county law enforcement agencies, to supply any and all information concerning my background, and release the same from any liability resulting in providing such information. The information received may include, but is not limited to, employment, academic, residential and criminal conviction records.

I understand that a consumer report may be prepared summarizing this information. I may request a copy of any report that is prepared regarding me and may also request the nature and substance of all information about me contained in the files of the consumer reporting agency. I understand that proper identification will be required and the request may be directed to: **Verifications, Inc., P.O. Box 2015, Minneapolis, MN 55402, Phone: (800)735-3002, (612)339-3252.**

If employment is in Minnesota: I would like a copy of any report regarding me. ☐ Yes ☐ No

I hereby certify that all the statements and answers contained in the Application for Employment and on this form are true and complete to the best of my knowledge, and I understand that any false statements and/or answers or omissions of information contained in the Application for Employment and on this form will be sufficient cause for cancellation of employment consideration or dismissal, if I have been employed. I understand that in the event Great Lakes intends to offer employment, I will be asked to provide my birth date to Verifications, Inc. for identification purposes as part of the criminal conviction record check and that the birth date is not part of my Application for Employment. I release all parties for all liability for any damage that may result from furnishing information, including my providing my birth date to Verifications, Inc. if requested, and this authorization to Great Lakes and Verifications, Inc.

I authorize that a photocopy or fax of this authorization be accepted with the same authority as the original; and that this authorization be in effect throughout my candidacy for employment and, if employed by Great Lakes, this authorization be in effect throughout my employment with Great Lakes.

FIRST NAME (PLEASE PRINT)	MIDDLE INITIAL	LAST NAME	
SIGNATURE		SOCIAL SECURITY NUMBER	DATE

NOTE: The following information is used only for identification purposes in verifying information on your Application for Employment and is not considered as part of your Application for Employment.

CURRENT ADDRESS

OTHER CITIES AND STATES IN WHICH YOU HAVE LIVED, WORKED OR GONE TO SCHOOL DURING THE PREVIOUS 7 YEARS

OTHER NAMES USED – FOR EXAMPLE: MAIDEN NAME, NAME(S) BY A FORMER MARRIAGE, FORMER NAME(S), ALIAS(ES), NICKNAME(S)