



BACKGROUND SEARCH RELEASE FORM

APPLICANT'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PRIOR ADDRESS (list all from past 7 years, including dates):

FORMER, PRIOR AND MAIDEN NAMES (list all and dates of change):

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

DRIVER LICENSE NUMBER: _____ STATE: _____

I hereby authorize Hawaii Public Television Foundation and/or their assigned agents or associates to request and receive any information concerning me, including but not limited to reports from any persons, schools, companies, corporations, partnerships, associations, consumer credit reporting agencies or bureaus, law enforcement agencies, licensing agencies, courts of law, and any current or former employer.

I authorize any of the above parties to furnish Hawaii Public Television Foundation and/or their assigned agents and associates with any and all information concerning me. I further agree to release Hawaii Public Television from any and all liability and responsibility arising out of the release of such information.

The above is understood and agreed by:

Signature: _____ Date: _____