

Muckleshoot Indian Tribe
Human Resources Division
39015 172nd Avenue S.E. ~ Auburn, WA 98092
Phone: (253) 876-3135 | Fax: (253) 804-0172

Authorization For Release Of Information

This release of information document constitutes my consent and authorization to the **Muckleshoot Indian Tribe** and **Maximum Reports Inc., Accurate Biometrics** and/or its agencies/representative's, permission to conduct a background check in order to determine my suitability for employment with **Muckleshoot Indian Tribe**. I understand and consent to an investigation that is limited to criminal and civil record history information, motor vehicle driving history, human services inquiry for domestic violence, child abuse and neglect information, employment verification, educational verification, professional licensing, personal and professional references and credit reports whether such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

Information relating to my performance and experience, along with reasons for termination of past employment from previous employers, may also be obtained. Further, I understand that you will be requesting information from various Federal, State, County and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, civil, education, and other experiences.

I authorize the custodians of such records/ sources of information to release the information, including permitting the review and copying of all documents, records or correspondence pertaining me, to the representatives of **Muckleshoot Indian Tribe** and **Maximum reports Inc., Accurate Biometrics** regardless of any previous agreement to the contrary.

I agree to accept all risks of adverse public notice, embarrassment, criticism or financial loss that may result from use of information that is obtained in connection with a background investigation for the purpose listed in this document.

I agree to indemnify and hold harmless any person to whom this is lawfully presented and his/her agent and employees, from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out or by reason, of complying with this request.

I certify that I have read and understand the Authorization for Release of Information document. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the, **Muckleshoot Indian Tribe**, at any time after receipt of this authorization and throughout my employment, if applicable.

Applicants Name - First, Middle, Last (Please Print)

Address

City

State

Zip

Driver's License Number

County

Social Security Number

Date of Birth

Applicants Signature

Date