

My Horizon

Effective Date December 12, 2014

My Horizon, LLC

RELEASE OF INFORMATION AUTHORIZATION TO MY HORIZON, LLC FOR BACKGROUND CHECK

Name: _____

SSN: _____ - _____ - _____ Driver's License: _____

Other ID: _____ Date of Birth: _____ / _____ / _____
State Number Expires
Month Day Year

Other names under which records might be filed: _____

Applicant's current address: _____

Applicant's previous address: _____

I, _____ authorize and give my consent to any person, firm, organization, or corporation provided a copy (including email attachment, photocopy or facsimile copy) of this Release of Information Authorization to My Horizon, LLC for Background Check to release and disclose to My Horizon, LLC any and all information or records requested regarding me, including, but not limited to; my employment records, employment reference checks, personal reference checks, volunteer experience, military records, criminal information records(if any), driving records, other background records, automobile insurance verification, and confirmation of education and/or professional license, I understand that this authorization is voluntary. I understand that my records may contain sensitive information. I understand that I may revoke this authorization at any time by giving written notice to My Horizon management and/or by notifying the individual(s) or organization(s) releasing this information in writing, however, and revocation will not have any effect on actions taken on this authorization before my revocation was received.

I authorize this information to be released, either in writing, via email, via fax or via telephone, in connection with my application for employment and/or ongoing employment or to be a volunteer at My Horizon, LLC.

This authorization will expire on termination of my employment with My Horizon, LLC.

Any person, firm, organization, or corporation providing information or records in accordance with this authorization is released from any and all claims or liability for compliance. Such information will be held in confidence in accordance with My Horizon policy.

Signature of Prospective Employee

Date

Printed Name of Prospective Employee

Witness to Signature

Date

Printed Name and Title of Witness