



Release & Authorization

I hereby authorize, without reservation, Creative Services, Inc. of 64 Pratt Street, Mansfield, MA 02048-1927, (800) 536-0093 or (508) 339-5451 and its agents to conduct a full investigation into my background and activities within one hundred and twenty (120) days of the date of my signature and, if registered with the MA Department of Public Health, throughout my registration period. I further authorize the Department of Public Health and CSI to release a copy of my consumer report to the RMD with which I am affiliated. Therefore, I hereby authorize the release of any and all information pertaining to me, documentary or otherwise, as requested by any appropriate employee, agent or representative of Creative Services, Inc. I understand that during this background investigation process and in accordance with the Fair Credit Reporting Act, an "investigative consumer report" (consumer report) may be obtained concerning my character, general reputation, personal characteristics, and mode of living. The nature and scope of my investigation may include but is not limited to criminal, civil, business, professional license, sex offender, social media, and National Practitioner Data Bank. I release all courts, probation departments, selective service boards, banks, credit bureaus, financial and other institutions, law enforcement and local, state (including the Minnesota Bureau of Criminal Apprehension), and federal government agencies without exception, both foreign and domestic to furnish any and all background information (including, but not limited to, driving and/or motor vehicle records) requested by Creative Services, Inc. I understand that this information may be transmitted electronically and authorize such transmissions. I agree that a photocopy of this release shall be accepted with the same authority as the original. CSI's Privacy Policy can be found at http://www.creativeservices.com/html/privacy_policy.html or obtained by request to the above address.

California, Minnesota, and Oklahoma applicants or employees only: Please check this box if you would like a copy of the consumer report if one is prepared on you? <input type="checkbox"/>	
If currently employed, may we contact your current employer?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

(Last Name)	
(First Name)	(Middle Name)
(Other Names) <i>List all other NAMES (including maiden or married names) utilized during the previous 7 years and/or used when obtaining any degrees or certifications.</i>	
Current Address:	
City & State:	Zip Code:
Social Security Number:*	Date of Birth: * MM/DD/YYYY
Driver's License Number:*	State of Issue:
Cell Phone: (_____) _____ - _____ Home Phone: : (_____) _____ - _____	
Email address:	
Please list all addresses where you have resided for the past seven years:	
(#/Street)	(City) (State) (Zip Code)
(#/Street)	(City) (State) (Zip Code)
(#/Street)	(City) (State) (Zip Code)
(#/Street)	(City) (State) (Zip Code)
Signature:	Date:

• Social security numbers, dates of birth, and drivers' license numbers are requested to ensure accurate retrieval of records. Please refer to page 2 for required notarization.

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Authentication of Signature by Notary Public

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of identification, which were [insert type of ID presented] _____, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Public

My Commission Expires On