



Nevada Department of Public Safety
Dedication Pride Service

CIVIL NAME CHECK
BACKGROUND WAIVER
AUTHORIZATION FOR RELEASE OF INFORMATION

In consideration for processing my application for employment or volunteer services,

I, _____ the undersigned, whose name and personal identification information voluntarily appear below, do hereby and irrevocably agree to the following:

- 1. I hereby authorize the Nevada Department of Public Safety and any other agency of criminal justice, to search for and release criminal history record information...
2. In giving the authorization outlined herein, I understand all information provided may be reviewed by the authorized participant...
3. I understand that I may review and challenge the accuracy of any and all criminal history records...
4. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s)...

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

PERSONAL IDENTIFICATION INFORMATION: INFORMATION MUST BE PRINTED LEGIBLY (* REQUIRED FIELD)

Name: _____ *LAST *FIRST *MIDDLE
Any Other Name Used: _____ *LAST *FIRST *MIDDLE
Date of Birth: _____ *Month *Day *Year Social Security Number:* _____ Sex: M F
Race: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____
Applicant's Signature: _____
Applicant's Physical Address: _____
Date: _____

Authorized Participant: _____ (PRINTED: Employer/Volunteer Organization/Employment Screening Service)
Date: _____

For OFFICIAL USE ONLY
Yes No
Date: _____