

## **CIVIL NAME CHECK BACKGROUND WAIVER** AUTHORIZATION FOR RELEASE OF INFORMATION

T	C		C	at a contract of the contract		
				ent or volunteer services,		
I,information volu	untarily appear bel	ow, do here	by and irrevoc	the undersigned, wh ably agree to the following:	nose name and personal identification	
criminal his that the inf charges for final court convictions state and fe	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 to the authorized participant named below. In giving this authorization, I expressly understand that the information may include information pertaining to notations of arrest, detainments, indictments, information or othe charges for which the final court disposition is pending or is unknown to the above referenced agencies. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals convictions and sentences. Further, I understand that the information may include similar information obtained from other local state and federal criminal justice agencies and may include information pertaining to convicted person data, outstanding arrest warrants and current and/or prior gaming and non-gaming sheriff's work cards that were issued to me.					
participant make an ii	In giving the authorization outlined herein, I understand all information provided may be reviewed by the authorized participant and/or any other eligible person authorized pursuant to Nevada Revised Statute Chapter 179A, in order make an informed hiring decision. This information is confidential, and may not be further disseminated without expressed written permission or an order from a court of law having jurisdiction.					
	(date)(initial)					
authorized	I understand that I may review and challenge the accuracy of any and all criminal history records which are returned to the authorized participant, and that the proper forms and procedures will be furnished to me by the Nevada Department of Public Safety upon request.					
officer(s), a requestor fo harmless ar	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) who conducted my criminal history records search and provided information to the requestor for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada or the basis of their disclosures. I have signed this release voluntarily and of my own free will.					
valid as the origi	inal.				ar process, shall for all purposes be as	
PERSONAL IDE	NTIFICATION INF	ORMATION	i: <u>INFORMATI</u>	ON MUST BE PRINTED LEGIBLY (* R	REQUIRED FIELD)	
Name:						
*LAST				*FIRST	*MIDDLE	
Any Other Name Used:				*FIDOT	*MIDDLE	
	1	*LAST	i	*FIRST	*MIDDLE	
Date of Birth:	*Month	*Day	*Year	Social Security Number:*	Sex:	
D.		_		и. с.	п. с.)	
Race:	Height:		Weight:	Hair Color:	Eye Color:	
Applicant's Sign	ature:					
Applicant's Phys	sical Address:					
Date:						
	•••••					
Authorized Participant: (PRINTED: Employer/Volunteer Organize				ration/Employment Screening Service)	For OFFICIAL USE ONLY Yes No	
Date:					763	

Revised: 03/2022

Date: \_