



## Authorization for Background Check

I authorize the Department of Financial Institutions (DFI) to perform a check of my background. This authorization includes, but is not limited to the checks of: employment records, criminal records, education records, character references, and financial records. This may include information of a confidential or privileged nature. I hereby release and hold harmless all parties and persons connected with any such request from all claims, liabilities and damages. All information obtained is for official use by DFI, and will be treated in a confidential manner to the extent authorized by law.

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Applicant Signature

Date

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Please Print Name

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Birth Date

Social Security  
Number