



**AUTHORITY TO RELEASE INFORMATION  
(Background Review)**

To: any person having knowledge of my conduct or activities, or any past, present or future Employer, School Administrator, Doctor, Hospital, Clinic or Medical Facility, Law Enforcement Agency, Government Agency or Armed Forces:

The Gilmore Car Museum is authorized to conduct an appropriate background investigation of me and prepare a report which may be used as a factor in determining my eligibility for employment or volunteer activities.

I understand this report may include information from personal interviews about my character, general reputation, personal characteristics and mode of living as well as both public and private sources including but not limited to information contained in federal, state and local records, public and private databases and repositories, criminal records, employment records, school records, driving records, licensing board and registries, etc.

I hereby authorize all persons who may have information relevant to this investigation to disclose it to the Gilmore Car Museum or their agents, and I release all persons from any liability on account of such disclosure. I hereby further authorize that a photocopy of this authorization may be considered as valid as an original.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Furnished for the purpose of positive identification: (Print clearly)

First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

AKA (include maiden name) \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver License # \_\_\_\_\_ State \_\_\_\_\_