

**ACXIOM**Please print in **BLOCK LETTERS****28190****AUTHORIZATION TO  
RELEASE INFORMATION****FULL LEGAL NAME****SURNAME****GIVEN NAME****MIDDLE NAMES****PREVIOUS NAMES, ALIASES (IF ANY)****SURNAME****GIVEN NAME****MIDDLE NAMES****DATE OF BIRTH (YYYY MM DD)****YEAR****MONTH****DAY****GENDER**MALE FEMALE **CURRENT ADDRESS (PLEASE COMPLETE ALL BOXES)****STREET NUMBER / APT / UNIT****STREET NAME****CITY****PROVINCE****COUNTRY****POSTAL CODE****PREVIOUS ADDRESS (IF YOU HAVE RESIDED AT THE ABOVE ADDRESS FOR LESS THAN 5 YEARS)****STREET NUMBER / APT / UNIT****STREET NAME****CITY****PROVINCE****COUNTRY****POSTAL CODE**

Have you ever been convicted of a criminal offense for which a pardon has not been granted?

YES NO 

I have applied for a position with \_\_\_\_\_ for employment. I hereby represent that the information provided by me is complete, true and correct, to the best of my knowledge. I understand that any incomplete, incorrect or false information furnished by me may disqualify me from employment, and will be grounds for termination if I am employed, at the sole discretion of \_\_\_\_\_.

As part of the hiring procedure, I have agreed to allow an investigation and verification of information I have provided or will provide in my application with \_\_\_\_\_. Therefore, unless I notify you to the contrary in writing, I hereby authorize and direct you to release to \_\_\_\_\_, and/or its authorized agents, Acxiom Information Security Services and Intelysis Corp., any information contained in your files concerning my record of unpardoned criminal convictions, my prohibited person information, my conditional and absolute discharges which have not been removed from the national criminal records system in accordance with the Criminal Records Act, and/or any other information in your possession relevant to my employment with \_\_\_\_\_. My authorization and direction to the release of information, including personal information, as evidenced by my signature below, is provided freely and voluntarily, in accordance with all relevant municipal, provincial/state and federal human rights and privacy legislation.

In consideration of my employment with \_\_\_\_\_, I hereby consent to the collection, use and disclosure of this information and release and forever discharge \_\_\_\_\_, Acxiom Information Security Services, and Intelysis Corp., their successors, affiliates and assigns and their past and present officers, directors, employees, lawyers and agents from any claim whatsoever in any way relating to (a) the information released by the persons to whom this authorization and direction is provided, and (b) the use of the information in connection with the background investigation and verification of information by \_\_\_\_\_ and/or Acxiom Information Security Services and/or Intelysis Corp.

\_\_\_\_\_  
Applicant's Signature\_\_\_\_\_  
Date**PLEASE FAX COMPLETED FORM TO ACXIOM 216-615-7621**