



Client Code:
BRIDCA

310 State Highway 325
Blairsville, GA 30512
706-835-1831 (phone)
706-835-1093 (fax)
info@factsondemand.com

CONSENT AND AUTHORIZATION

I do hereby give to **Facts On Demand, Inc.**, or any of its agents, authorization to disclose orally or in writing the results of this background check to the employer or designated authorized recipient. I have read this authorization and give full consent without reservation for a background check to be conducted on me. **Facts on Demand, Inc.** may make an investigative report in which information may be obtained regarding my credit information, criminal records, education and employment history, motor vehicle records, and any other applicable personal information. I do hereby release, hold harmless and indemnify **Facts On Demand, Inc.**, and all persons or agencies involved in reporting information about me from any claims or damages resulting in information provided by those agencies. I certify that all information provided is truthful, accurate and provided voluntarily.

Please print all information **CLEARLY.**

*First Name	*Middle Name	*Last Name	
*Signature	*Today's Date		
*Social Security Number	*Date of Birth	*Sex	*Race
*Current Address		*City	
*State	*Zip Code	*Driver's License Number & State	

One of the following MUST be checked: How long, from above date, will this authorization be valid?
 90 Days 180 Days Periodic Background Checks may be made by this company for the duration of my employment.

Applicant: DO NOT WRITE BELOW THIS LINE

_____ State(s) to Search – If Criminal Background is checked below.

- Criminal Background SSN Trace Employment Verification Education Verification OIG
- Motor Vehicle Report Credit Report Wants/Warrants Search Federal Criminal Search GSA
- Sex Offender Search OFAC Search Nationwide Felony Convictions Search (DOC)

RUSH

BRIDGEWAY



Christian Academy

Driver Authorization Form

In order to insure the safety of Bridgeway Christian Academy students, school event drivers must provide the following information. Copies of a valid driver's license and current auto insurance card are also required. Thank you.

Name of Driver: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Have you ever received a violation for DUI? No _____ Yes _____ Date Issued: _____

Driver's Signature: _____ Date: ____/____/____

Approval - Bridgeway Personnel

Approved by: _____
(please print name here)

Signature: _____ Date: ____/____/____