ILG Investigations

AUTHORIZATION AND RELEASE FORM

Application of _____ in _____
Name of Applicant Jurisdiction

having filed an application with the admitting agency in the jurisdiction listed above and having requested a character and fitness investigation by ILG Investigations state the following:

I hereby consent and request every person, official, representative of a firm, corporation, organization, institution or consumer reporting agency ("Authorized Persons") having control of any documents, records or other pertinent information, including those dismissed or otherwise erased or expunged by law, of me or relevant to my character and fitness, to provide such documents, records or information to ILG Investigations or any of its representatives and to permit ILG Investigations or any of its representatives to inspect and make copies of such documents, records or information.

I hereby acknowledge that the release of documents, records or information may include personal identifying information and authorize the release of said personal identifying information for the purpose of this investigation.

I hereby authorize all Authorized Persons to answer any inquiries, questions or interrogatories concerning me which may be submitted to them by ILG Investigations or its representatives.

I hereby authorize the National Personnel Records Center and any other agency or military department in possession of military records regarding me to release such records, including, but not limited to, records of disciplinary proceedings (whether nonjudicial punishment or court martial) or records regarding my release from military service (including an undeleted or redacted copy of my DD Form 214) to ILG Investigations or its representatives.

I hereby release, discharge and exonerate ILG Investigations and its representatives, the admitting agency and its representatives, the National Personnel Records Center and all Authorized Persons that comply in good faith with this authorization and release and request made hereunder from any and all liability of every nature and kind arising out of or in any way pertaining to furnishing or inspection of such documents, records or information or the investigation made by ILG Investigations or the admitting agency.

_____ _____
Signature of Applicant Date

State of _____ County of _____

Subscribed to before me this _____ day of _____ 20_____.

[Seal or stamp must be affixed.] _____
Notary Public