

INDIA INTERNATIONAL RELEASE FORM

I understand that in processing my application an investigation may be made in which information is obtained through personal interview and a review of information held by law enforcement or other government agencies. I authorize the bearer of this authorization to verify my criminal history. I authorize the appropriate individuals, companies, institutions or agencies to release information, and I release them from any liability as a result of such inquiries or disclosures.

I further understand and waive my right of privacy in this investigation and release and hold harmless the bearer of this authorization from any liability.

***Legal First Name *Legal Last Name Legal Middle Name**

Maiden Name

***Fathers Name**

***Date of Birth**

***Passport Number or National ID**

***Please ensure that copy of government issued identification is attached. (e.g. Passport, Driver's License)**

India Address History:

****All recent addresses for each jurisdiction requested must be provided, along with corresponding dates of residency.***

(* Required fields)

I AUTHORIZE A PHOTOCOPY OF THIS RELEASE TO BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL.

Signature: _____ Date: _____