

Staff Background Check



CONSENT RELEASE / INDEMNIFICATION STATEMENT

I, _____, also known as _____
(Print Name in Full) (Include Maiden/Prior Married Name)

Date of Birth _____, Social Security Number _____

hereby authorize _____ to receive any and all
(Company/Facility/Home Name)

information concerning myself contained within the files of the Bureau of Criminal Identification.

(Signature) (Date)

****TO BE COMPLETED BY REQUESTING COMPANY****

We _____
(Company/Facility/Home Name)

agree to indemnify, and hold harmless, the State of Idaho Department of Law Enforcement and its employees from any liability or damages which may arise as a result of furnishing information concerning: _____
(Applicants Name)

We agree to maintain the confidentiality and to limit the use of the information received. We agree to implement procedures to prevent secondary dissemination of and/or unauthorized access to information received by any other agency or person.

(Signature of Authorized Representative) (Date)