



# R. Warner & Associates, Inc.

*Investigative Consultants*

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## **Consent and Authorization for GA Background Check**

I do hereby give consent to **R. Warner & Associates** or any of its agents to disclose orally or in writing the results of this background check to the employer or the designated authorized recipient. I have read this authorization and give full consent without reservation for a background check to be conducted on me. I do hereby release, hold harmless and indemnify **R. Warner & Associates, Inc.** and all persons or agencies involved in reporting information about me from any claims or damages resulting in information provided by those agencies.

**Please print all information clearly.**

Print Name: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_

\*Sex: \_\_\_\_\_ \*Race: \_\_\_\_\_

Social Security #: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**\*Information Required for identifier purposes only.**

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