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**CLEAR INVESTIGATIVE ADVANTAGE LLC-- RELEASE FORM**

**The purpose of this form is to notify you that an investigation report will be conducted on you in the course of consideration for this request:**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Last name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Maiden name or any aliases used in past \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Please list your last seven years of residence (Include city and state).**

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**In connection with this request, I hereby authorize all corporations, employers, education institutions, law enforcement agencies, city, state, county, and federal courts, military services and persons to release information they may have about me to the person or company with which this form has been filed or their agent, Clear Investigative Advantage, LLC. This releases the aforesaid parties from any liability and responsibility for collecting any information.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_