



I, _____ *(print)*, authorize Security Walls, LLC to make whatever inquiries it deems necessary in connection with my application for employment or in the course of review of any employment. I authorize all persons, schools, companies, corporations, credit bureaus, department of motor vehicles and law enforcement agencies to supply information concerning my background. I release Security Walls, LLC, Equifax, and all persons who provide information concerning me harmless from all liability or any damages resulting from the inquiry and the furnishing of said information.

A photocopy of this authorization shall be deemed an original and shall be accepted as such by every person. I understand that I have the right to request a copy of any report by writing to Security Walls, LLC within 60 days. The fee for this report will be paid at my expense to Security Walls, LLC. As per the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained from a consumer reporting agency such as Security Walls, LLC.

Signature	Date	Date of Birth
Other names used	Social Security Number	
Name as it appears on driver's license	D.L. Number	State
Address	City/State	Zip

 Phone Number (Must Be Provided Before Processing)

Requested By: _____
 Company Name (Must Be Provided Before Processing)

Please print or type all information
All forms must be faxed to 865-546-2932 to respect individuals' privacy.