

Authorization to Release Information

For Office Use ONLY

To:

Company:

Phone Number:

Fax Number:

As an applicant for a position with Tender Touch Senior Services (TTSS):

Applicant Name

I, _____, hereby authorize the release to TTSS (and/or any of its licensed agents) any information held by any parties regarding my previous employment, criminal history record/background check and/or record of convictions in State and/or Local files for violations of any Federal, State, Local statutes or ordinances, military records, credit history, driving record and scholastic records. I also hereby release said person, schools, companies, government agencies, court and law enforcement authorities from any damage whatsoever for releasing this information.

Applicant Signature

Date of Authorized Release

410 North Mulberry Street, Elizabethtown, KY. 42701

www.tendertouchseniorservices.com

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