

# NOTIFICATION AND RELEASE

Company Name ASU – Communication Disorders

CAC Code PC17

I hereby authorize all individuals, educational institutions and organizations named or referred to in my application and any law enforcement organization to release all information relative to a background check. Furthermore I hereby release such individuals, organizations and Castle Branch, Inc. from any and all liability for any claim or damage resulting therefrom. I, my heirs, assigns and legal representatives, hereby release and fully discharge Castle Branch, Inc. and affiliated companies and any division of Castle Branch Inc and the respective officers, directors, shareholders, employees, agents of each, including subcontractors, from any and all claims, monetary or otherwise, that I may have against the University, affiliates, or subcontractors, arising out of the making, or use of, either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or investigations.

**I. IDENTIFIERS - PLEASE PRINT.** List all names you have used in the past 7 years including married, maiden, and aliases.

Name (First, Middle, Last) \_\_\_\_\_ Date of Birth (mo/day/yr) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Maiden Name or "AKA" \_\_\_\_\_ Dates Used (yr) from \_\_\_\_\_ to \_\_\_\_\_

S.S.N./P.I.D. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

**II. CURRENT AND PREVIOUS ADDRESS(ES).** Provide all addresses from the past 7 years. (Use extra page if necessary).

**Current** Street \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

City, State, Zip, County \_\_\_\_\_

Street \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

City, State, Zip, County \_\_\_\_\_

Street \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

City, State, Zip, County \_\_\_\_\_

**III. APPLICANT SIGNATURE (REQUIRED)** \_\_\_\_\_ **Date** \_\_\_\_\_

**IV. REQUEST FOR COPY OF REPORT**

The University of North Carolina System has requested that Students have the option to request a copy of their background report. Castle Branch will forward a free copy of the report to you upon request. If you do not select one of the following return methods, you will not receive a copy of your report. **Please make sure email address or fax number is written clearly and legibly.**

Please send my copy this way:

\_\_\_\_\_ Email. Free, secure, fastest form of delivery. Email address: \_\_\_\_\_

\_\_\_\_\_ Fax. Fax to: \_\_\_\_\_

FAX COMPLETED RELEASE TO: 910-815-3881

Attn Data Entry: Results should be returned to [uncresults@castlebranch.com](mailto:uncresults@castlebranch.com)