B U R E A U O F C O R R E C T I O N S
BACKGROUND INVESTIGATION AUTHORIZATION

I _____(complete name of applicant)_____ authorize the Bureau of Corrections and any of its authorized representatives to undertake verification of the information I have provided by making an investigation relative to my background: character references, credit history, past employment, education, criminal records, including all records being maintained by both public and private organizations for the purpose of confirming the information contained in my application folder (*Personal Data Sheet (PDS) and its required attachments*) material to my application for employment or continued employment with the bureau.

I authorize all corporations, companies, credit agencies, educational institutions, law enforcement agencies, criminal, civil, and competent courts, former employers and individuals named in my application to release information they may have about me.

I hereby relinquish my right to take legal actions against the Bureau of Corrections and any of its authorized representatives for any liabilities in regard to the information obtained from any of the above sources.

Herewith attached is the photocopy of my valid government identification card _____(ID type and ID number)_____.

Accomplished this ___(day)___ of _____(month)_____ 20__, at New Bilibid Prison, Administrative Building, Muntinlupa City.

_____
Signature over Printed Name