

# Franchise Applicant Background Check Authorization Form

Please complete all fields below to authorize the background investigation required for your franchise application. This form is designed to be filled out and printed for submission.

## Applicant Personal Information

Full Legal Name (First, Middle, Last):

Other Names Used (Maiden, Alias, Nicknames):

Social Security Number (SSN):

Date of Birth (MM/DD/YYYY):

Driver's License Number:

State of Issuance:

## Contact Details

Phone Number:

Email Address:

## Residential Address History

Current Street Address:

City:

State:

Zip Code:

Previous Address (If at current address less than 7 years):

## Authorization and Disclosure Statement

By signing below, I hereby authorize the Franchisor and its designated agents to conduct a comprehensive background investigation in connection with my application to purchase and operate a franchise. I understand and agree that this investigation may include, but is not limited to, consumer credit reports, criminal background records, driving records, employment verification, education verification, and reference checks.

I release the Franchisor, its agents, and all persons or entities providing information from any and all liability for damages that may result from requesting, providing, or receiving this information. A photocopy, scan, or fax of this authorization shall be deemed as valid as the original.

## Acknowledgment and Signature

Printed Name of Applicant:

Signature of Applicant (Sign after printing):

Date (MM/DD/YYYY):