



PRE-EMPLOYMENT RELEASE OF INFORMATION AUTHORIZATION

Atlas Pacific Security Inc.
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Vancouver, Washington 98661
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To Whom It May Concern:

I am an applicant for employment with Atlas Pacific Security Inc Company policy mandates the completion of a comprehensive background investigation to determine if I possess the personal qualities and moral fitness to service under Atlas Pacific Security Inc in a Security Professional capacity.

I authorize and direct you, your organization, its officers, agents, and employees to release any and all information which you may possess about me, including information which may be deemed confidential, privileged and/or derogatory in nature, including but not limited to: employment information; official employment documents; employment performance materials or data, including information that may have been sealed as the result of an order or agreement between me and your organization; character reference information; educational records; and local criminal history information pursuant to state law.

I hereby exonerate, release, and discharge you, your organization, its officers, agents, all references and employees from any liability or damages, whether in law or in equity, now and in the future, for complying with this request and for furnishing the information requested by the bearer of this authorization form.

I have specifically waived all rights I may have to review or inspect any information developed in this investigation, so your responses will not be released to me. You may retain a copy of this form for your files. A photocopy of this release is to be considered as valid as an original.

Name	Signature	Date
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Military Personnel:

To Whom It May Concern:

I authorize the National Personnel Records Center, St. Louis, MO, or other custodian of my military records to release to Atlas Pacific Security Inc, Vancouver, WA information about or photocopies of my **Military personnel records**. This could include a photocopy of my DD-214 and report of separation.

Soc Sec #	Name	Signature	Date
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Subscribed and sworn before me
this _____ day of _____, 20

Stamp

Notary for the State of _____
My commission expires _____