

AUTHORIZATION FOR BACKGROUND CHECK

(Please read and sign this form on the space provided below. Your written authorization is necessary for the completion of your application process.)

I, _____, hereby authorize t.Lab Accelerated Learning Centers to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position I am applying for or not.

I understand that t.Lab may utilize an outside firm or firms to assist them in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice.

Furthermore, I understand that I may withhold my permission and that in such case, no investigation will be done and my application for employment will not be processed further.

Date:	
Current Address	
Previous Address	
Date of Birth	
Driver's License State	
Driver's License Number	
Social Security Number	

Printed Name and Signature of Applicant