

The Nevada Statewide consent form is needed to complete a statewide criminal search in Nevada.

The below steps must be completed by the applicant.

Step 1: Please complete the *Personal Identification Information* section at the top of the form.

- Last, First, and Middle Name
- Any Other Name Used
- Social Security Number

Step 2: Under the *Authorization for Release of Information* section:

- Read all four (4) paragraphs and initial paragraph #2

Step 3: Complete the lower section of the form

- Circle whether the search is being conducted for Prospective Employer or Employer
 - Provide the name of the entity in the provided space.
- Sign and date the form in the space provided for applicant's signature. Please view the 'Important Note' below regarding electronic signatures.
- Provide applicant's physical address information in the space provided.

Step 4: Fax/Email Instructions

- Once you have completed the form, fax a copy to (800)-951-9114.

Important Note:

- Forms must be clear and legible.
- Form must be complete in its entirety (i.e. full physical address, name, signed, initialed, and dated).
- Digital signatures are accepted but must show the digital stamp or 'Electronically Signed By' beside it. Please see below for acceptable formats:

Applicants Signature:	Electronically Signed By Jane Doe <u>(This waiver is non expiring if employed by employer)</u>
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Applicants Signature:	Jane Doe Digitally signed by Jane Doe Date: 2019.03.20 11:18:01 -05'00' <u>(This waiver is non expiring if employed by employer)</u>
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- The signature must match the name written on the form. Deviations may result in rejection.
- The form cannot be cut-off from any side, or else it will be rejected.

Please call Oxford Document Management (800)-801-9114 with any questions.

Print Clearly – illegible forms will delay processing of your background

PERSONAL IDENTIFICATION INFORMATION:

Name: (LAST) (FIRST) (MIDDLE)

Any Other Name Used: (LAST) (FIRST) (MIDDLE)

Date of Birth: Social Security Number: Sex: *****

Race: ***** Height: ***** Weight: ***** Hair Color: ***** Eye Color: *****

AUTHORIZATION FOR RELEASE OF INFORMATION

In consideration for processing my application for employment or, if hired by the employer named below or a subsidiary, I, the undersigned, whose name and personal identification information voluntarily appears above, do hereby and irrevocably agree to the following:

- 1. I hereby authorize the Nevada Department of Public Safety, the Las Vegas Metropolitan Police Department and any other agency of criminal justice, to search for and release criminal history record information to the employer, prospective employer or their designee named below. In giving this authorization, I expressly understand that the information may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agencies. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable. Further, I understand that the information may include similar information obtained from other local, state and federal criminal justice agencies and may include information pertaining to convicted person data, outstanding arrest warrants, missing persons, and current and/or prior gaming and non-gaming sheriff's work cards that were issued to me.
2. In giving the above authorization, I understand that all information provided may be reviewed by the employer, prospective employer, his designee(s) in Human Resources, contracted background screening companies and/or any other person approved by the Nevada Department of Public Safety to make an informed employment decision on behalf of the employer named below. This information is confidential, and may not be further disseminated without my expressed written permission or an order from a court of law having jurisdiction. (Please initial)
3. I understand that I may review and challenge the accuracy of any and all criminal history records which are returned to the employer or their designee, and that the proper forms and procedures will be furnished to me by the Nevada Department of Public Safety upon request.
4. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the requestor for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

(Please circle one) Prospective Employer/Employer:

Applicants Signature: (This waiver is non expiring if employed by employer) Date:

Applicants Physical Address:

Make sure form is completed in full; incomplete forms will delay processing of your background