



## Personal Background Check Authorization Form

### Personal Information

(For the Individual Requesting the Background Check)

Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

---

### Type of Background Check

Please check the type(s) of background check(s) you are requesting:

- Police Record Check (\$16)
- Traffic Records Check (\$11)
- Incident Report | Enter report number here: \_\_\_\_\_ (\$14)
- Dispositions (\$15)
- Expungement (Price Varies)

---

### Authorization for Personal Background Check

I, \_\_\_\_\_, hereby authorize KamBri Solutions LLC and/or its representatives to conduct the requested background checks as outlined above for personal use. I understand that this background check is not being performed for employment purposes and that the results will be shared solely with me, the requester.

I acknowledge that KamBri Solutions LLC may obtain information from public records, private data sources, and relevant third parties as necessary to complete the background check. I understand that all results will be provided in compliance with local, state, and federal laws, including but not limited to the Fair Credit Reporting Act (FCRA).



---

### Acknowledgment and Consent

I confirm that the information I have provided is accurate and up to date. I consent to KamBri Solutions LLC obtaining and reviewing any necessary information to complete the background check. I understand that the results of the background check will be shared only with me, unless otherwise required by law.

I release KamBri Solutions LLC, its agents, and all associated parties from any liability arising from the gathering or use of this information.

---

### Payment Agreement

I agree to the [payment terms](#) as outlined by KamBri Solutions LLC for the background check services. The total cost will depend on the scope of the requested checks, and payment is required prior to the commencement of services.

**Notice:** In accordance with PCI standards, KamBri Solutions does not save or store cardholder information in any way or form. All cardholder information is discarded in accordance with our privacy policy and security standards.

---

### Credit Card Authorization

I authorize KamBri Solutions LLC to charge my credit card for the total amount of the background check services requested.

**Cardholder Name:** \_\_\_\_\_

**Card Type (Visa, MasterCard, etc.):** \_\_\_\_\_

**Card Number:** \_\_\_\_\_

**Expiration Date (MM/YY):** \_\_\_\_\_ **CVV:** \_\_\_\_\_

**Billing ZIP Code:** \_\_\_\_\_

**Amount Authorized:** \$ \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**KAMBRI SOLUTIONS**  
SAFETY AND SECURITY GUARANTEED

**Signature and Date**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

---

**KamBri Solutions LLC Representative**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

---

**Confidentiality Notice:**

KamBri Solutions LLC respects your privacy. All information gathered will be handled with the utmost confidentiality and provided exclusively to you. Your personal data will not be shared with any third parties except as required by law.