



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.