



Plan International USA  
155 Plan Way  
Warwick, Rhode Island 02886

800 556 7918  
[www.planusa.org](http://www.planusa.org)

## Release Authorization for an International Background Check

I hereby direct and authorize Plan International USA to conduct a criminal background check on me and to obtain the results of said background check.

I hereby waive and release any and all manner of actions, causes of actions, and demands of every kind, nature and description, which I may have now or in the future, arising from any release of criminal records and requests therefrom, against Plan International USA and its employees and agents in connection with the criminal background check.

A photocopy of this authorization will have the same authority as the original.

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Country of origin:

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Print your full name as listed on current passport:    Last                                  First                                  Middle

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Print other names you have used:

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Physical Home Address (not P.O. Box or APO/FPO):    City                                  State                                  Zip                                  Code

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National identification number:                                  Date of Birth (For Identification Purposes Only)

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Passport number:                                  Country of issuance:

Sex:   ☐ Male    ☐ Female    /    Nationality:

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**I PROMISE THE INFORMATION THAT I PROVIDE ON THIS FORM IS TRUE AND CORRECT.**



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

THIS PAGE CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURE FILES SEPARATE FROM PERSONNEL RECORDS.

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## **International Consent/Authorization for a Background Check**

In connection with this request I authorize all governmental and private agencies within the European Union, or any member state thereof, Asia Pacific (APAC); Middle East; South America or African regions, to release information they may have relating to my criminal record, educational or employment record to the person or company with which this form has been filed, or their agent for that purpose in which this consent was obtained. I authorize this consent to any nation outside the E.U or my home country of \_\_\_\_\_.

I understand that data will not be transferred to any country that lies outside the European Economic Area (EEA); Asia Pacific (APAC); Middle East; South America or African regions; however data can be transferred with the consent of the data subject (applicant) at the point of collection where it is known that there will be a need or desire to transfer such data. Further, in accordance with the host nation laws regarding the release of information, the Fair Credit Reporting (FCRA), 15 U.S.C. 1681-1681u, Data Protection Privacy Act 1998, European Directive on Data Protection 95/46/EC and others, I authorize the release and transmittal of information from any country to any required agency that may have a legitimate business need, and to a company that holds this consent or any of its affiliate companies should the need arise. I further authorize any agent, to the extent required by any laws, rules applicable to any country, to provide the data pursuant to this authorization to governmental authorities in any country in connection with any regulatory filings it may submit to authorities.

I understand and agree that my appointment is conditional upon the verification, to the Company's satisfaction, of the information provided on this form and that this information and that contained on attached documents, if required, is true and complete to the best of my knowledge.



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My signature below acknowledges the fact that I have read, understand and freely give my unambiguous consent to the handling of my personal information. Furthermore, I hereby release the aforesaid parties or the Company or individuals that release information about me from any liability whatsoever in collecting and disseminating the information obtained.

\_\_\_\_\_  
Applicant Name (please print in black ink)

\_\_\_\_\_  
Date (month/day/year)

\_\_\_\_\_  
Government ID, PAN Card, or similar, if applicable

\_\_\_\_\_  
Applicant Signature

## Countries That Require a Full Address

Please provide the full current address and/or last used address to be checked.



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American Samoa  
Australia  
Austria  
Belgium  
Bosnia and Herzegovina  
Bulgaria Costa  
Rica Czech  
Republic  
Denmark  
Estonia  
Finland  
France  
Germany  
Gibraltar  
Greece  
Guam  
Holland (Netherlands)  
Hong Kong  
Iceland  
Indonesia  
Ireland  
Italy  
Korea, South  
Latvia  
Lithuania  
Luxembourg  
Macau  
Malaysia  
Malta  
Mauritania  
Moldova

Netherlands  
Nicaragua  
Northern Ireland  
Norway  
Philippines  
Poland  
Portugal  
Puerto Rico  
Singapore  
Slovakia  
Slovenia  
South Africa  
Spain  
Sweden  
Switzerland



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## Address Information

Please provide your address information for the previous seven years.

Physical Address (not P.O. Box or APO/FPO):	City	State	Zip Code
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