

**Scott-Trist Container Services, LLC**  
**802 Short Street**  
**Kenner, LA 70062-7201**  
**504-463-1782    FAX 504-463-1783    cindy@stcsllc.com**

## **Authorization to Release Information**

**To: All Persons, Schools, Former Employers, Organizations, Law Enforcement  
Agencies, or Any Other Entities**

Please be advised that I, \_\_\_\_\_,  
have applied for a position with Scott-Trist Container Services, LLC. I have been  
requested to provide information for their use in reviewing my background and  
qualifications. Therefore, I authorize the investigation of my past and present health,  
character, education, military, and employment qualifications.

The release, in any manner, of all information by you is hereby authorized,  
whether such information is of record or not, and I do hereby release all persons,  
agencies, or firms from any liabilities resulting from providing such information.

This authorization is valid for 30 days from the date of my signature below.  
Please keep this copy of my release request for your files. Thank you for your  
cooperation.

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

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