



**AUTHORIZATION FOR RELEASE OF CONSUMER INFORMATION
(EMPLOYMENT PURPOSE)**

1. I authorize the release of certain consumer information. This information will be used in matters related to my employment or application for employment

2. Under provisions of the Fair Credit Reporting Act, certain information, when used for employment purposes, is considered to be a consumer report. This information includes, but is not limited to, public record information (criminal history, civil litigation, etc.), driving records, consumer credit history, education records, and employment records. If an adverse employment decision is made due, in whole or in part, to Information received as a result of these inquiries, I will be provided with a copy of the consumer report and a summary of my rights under the Fair Credit Reporting Act.

TO BE COMPLETED BY EMPLOYER (TO AVOID DELAYS PLEASE PRINT LEGIBLY OR TYPE)

Company/Organization _____

Mailing Address: Street: _____ City: _____ State: _____ Zip _____

Contact Person: _____

Telephone #: _____ E-mail: _____

Please choose the type of request being submitted (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Employment Verification | <input type="checkbox"/> Criminal Background State _____ |
| <input type="checkbox"/> Education | <input type="checkbox"/> Criminal Background - County _____ |
| <input type="checkbox"/> Driving History | <input type="checkbox"/> Criminal Background - Federal |
| <input type="checkbox"/> Credit History | <input type="checkbox"/> Civil Litigation - County |
| <input type="checkbox"/> Professional License Verification | <input type="checkbox"/> Civil Litigation - Federal |
| <input type="checkbox"/> Reference Interview | <input type="checkbox"/> Social Media Search |

How would you prefer the report to be returned?

- Fax _____
- US Mail
- E-mail _____

**TO BE COMPLETED BY APPLICANT/EMPLOYEE
(TO AVOID DELAYS PLEASE PRINT LEGIBLY OR TYPE)**

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DRIVER'S LICENSE #: _____ STATE: _____

- | | |
|---|---|
| RACE: <input type="checkbox"/> White | SEX: <input type="checkbox"/> Male |
| <input type="checkbox"/> Black | <input type="checkbox"/> Female |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other |
| <input type="checkbox"/> American Indian /Alaskan | |
| <input type="checkbox"/> Unknown | |

APPLICANT/EMPLOYEE SIGNATURE: _____

DATE: _____