

PERMISSION FOR BACKGROUND AND CREDIT CHECK FORM

By my signature below I, _____, authorize
_____ to obtain a Consumer Credit Report and/or a
Background Check on me.

This authorization is valid for purposes of verifying information given pursuant to employment, leasing, rental, business negotiations, or any other lawful purpose covered under the Fair Credit Reporting Act (FCRA).

The information obtained will be for only for this application and for none other. You will also receive a copy of the report. All reports are not save and stored. Printed versions are shredded and downloaded versions are deleted.

By signing below, I authorize all corporations, employers (current and past), credit reporting agencies, law enforcement agencies of all levels, local and federal courts and their agencies, and other authorized persons to release all information they may have about me including driving record and criminal record (if required).

This authorization will be valid as a copy or an original form.

Applicant's Name: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Provide last 3 Addresses

Current Street Address: _____ City: _____

State: _____ Start Date: _____

Prior Street Address: _____ City: _____

State: _____ Start Date: _____ End Date: _____

Prior Street Address: _____ City: _____

State: _____ Start Date: _____ End Date: _____

Driver's License #: _____ State: _____

Signature: _____ Date: _____