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

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

NAME: _____				
Last Name	First Name	Middle Initial	Suffix	
MAIDEN/ALIAS NAMES: _____				
DATE OF BIRTH: ____/____/____		SOCIAL SECURITY #: _____-_____-_____		
Month Day Year				
DRIVER'S LICENSE #: _____		STATE ISSUED : _____		
Street Address: _____				
City: _____		State: _____	Zip Code: _____	

Applicant Authorization

1. Without reservation, I authorize this employer or any party or agency contacted by this employer to procure my consumer report and/or to obtain or furnish information concerning my credit, criminal, motor vehicle, employment or other history. I understand that inquiries may be made to various federal and state agencies, employers, references, acquaintances and others seeking information as to my personal characteristics, credit worthiness, employment status, general reputation, and mode of living.

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 (FCRA) Fair Credit Reporting Act.

APPLICANT/EMPLOYEE SIGNATURE: _____

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

Company/Organization/Agency: _____	
Mailing Address: _____	
Contact Person: _____	
Position: _____	Department: _____
Telephone #: _(_____)_____-_____ (ext) _____	FAX #: _(_____)_____-_____
E-mail: _____	