

CREDIT REPORT AUTHORIZATION FORM

By my signature below I, [NAME] _____, authorize [NAME] _____, to obtain a Background Check and/or Consumer Credit Report 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 Background Check may contain information available in the Public Domain but may not include interviews with persons other than previous employers or their agents.

By my signature below, I hereby authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts and agencies, military services, and persons to release all information they may have about me including criminal and driving history. This authorization shall be valid in original or copy form.

Applicant's Name:	
Social Security Number:	Date of Birth:

Provide Addresses for the Last 7 Years:

Current Street Address:		
City:	State:	Star Date:

Prior Street Address:		
City:	State:	Star Date:

Prior Street Address:		
City:	State:	Star Date:

Driver's License #:	State:
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Signature:	Date:
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****NOTE: PLEASE INCLUDE A COPY OF A VALID DRIVER'S LICENSE****