

State of _____

Background and Credit Check Authorization

Name	
Address	
Phone Number	E-mail
Date of Birth	Social Security Number
Driver License Number	Driver License State of Issuance
Other Names or Aliases	

I hereby authorize _____ [Name] and his/ her/ its agents and representatives to conduct a review of my background and to obtain a consumer credit report and/or an investigative consumer credit report and any other information necessary for the purposes of (Check one) ☐ employment screening ☐ tenant screening ☐ other: _____.

I understand and agree that the information obtained may include, but is not limited to, credit and criminal history, past and present employment and income, bank accounts, credit accounts, credit reports, rental/residence history, references, vehicle records, driving records, criminal records, civil judgment records and any other relevant information. I further authorize previous or current employers, landlords, financial institutions, banks or other companies, public agencies or individuals to release any information, records or data they may have pertaining to me. The information received will be used only for the purposes stated herein and will be maintained in a confidential manner.

Pursuant to the Fair Credit Reporting Act (FCRA), if any adverse action is taken based upon information in the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

A copy, electronic copy, image, or facsimile of this authorization is as valid as the original.

Signature _____

Date _____

