WRITTEN NOTICE AND AUTHORIZATION TO RELEASE INFORMATION REGARDING PROCUREMENT OF A CONSUMER REPORT

In connection with your employment or your application for employment, we may procure a consumer report or an investigative consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regards to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the federal Fair Credit Reporting Act. The FCRA gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document.

By signing below, I _____ hereby authorize and direct you to release to: , or their designee, any "consumer reports" about me from a "consumer reporting agency" and to consider the "consumer reports" when making my employment decision. I understand I have rights under the Fair Credit Reporting Act, including the rights discussed above.

I hereby release any and all information in your files pertaining to birth, education, employment, credit, criminal history, medical records, workers compensation claims and drivers license abstracts, including, but not limited to academic achievements, attendance, personal history, disciplinary records, medical, credit records and criminal convictions. I hereby release and absolve you as custodian of such records of any school, college or other state or educational institution, hospital, clinic or any other repository of medical records, credit bureau, lending institution, consumer reporting agency, police or sheriff's department or retail business. This release would include its officers, employees or related personnel, both individually and collectively from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization or any attempt to comply with it.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original signature. Should there be any question as to the validity of this release, you may contact me as indicated.

PLEASE PRINT CLEARLY

FULL NAME : _____
FIRST MIDDLE LAST

OTHER NAMES USED : _____
FIRST MIDDLE LAST

CURRENT ADDRESS : _____
STREET CITY STATE/ZIP

PREVIOUS ADDRESS : _____
STREET CITY STATE/ZIP

COUNTIES LIVED IN THE PAST TEN (10) YEARS : _____

HOME PHONE : _____

The following information must be completed for the sole purpose of searching Criminal Records, Credit History, SSN Verification, Motor Vehicle Driving Records or Worker's Compensation Records.

DATE OF BIRTH : _____ SOCIAL SECURITY NUMBER : _____

DRIVER'S LICENSE NUMBER : _____ STATE ISSUED: _____

SIGNATURE : _____ **DATE/TIME :** _____