

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

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

NAME \_\_\_\_\_  
Last Name First Name Middle Initial

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
Month Day Year

DRIVER'S LICENSE #: \_\_\_\_\_ STATE : \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Address

City State Zip Code

APPLICANT/EMPLOYEE SIGNATURE: \_\_\_\_\_

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**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 Fair Credit Reporting Act.

Print Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ \* Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

\* This information is requested by VERIFY solely for purposes of insuring accurate retrieval of records.

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

Company/Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone #: \_\_\_\_\_ FAX #: \_\_\_\_\_

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