Prevent LOSSES
A Division of Southeastern Loss Management
Phone: (704) 922-4422 | Fax: (704) 922-4020

AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, local laws and authorities having jurisdiction, I hereby authorize and permit _____ (Company Name) to obtain a consumer report and/or an investigative consumer report which may include, but is not limited to the following:

1. My employment records, work experience and references.
2. Records concerning any driving, criminal history, credit history, civil record, workers' compensation (post-offer only) and drug testing.
3. Verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living, which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy or facsimile of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize the company above and its agents to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment. NOTE: Except for those states where an annual release is required, i.e. California (CALIFORNIA – Continuing consent concept is inapplicable and a separate authorization must be requested each time a report is ordered CA Civ. Code 1786.22)

Please **print** all information clearly in **black ink**.

Full Name:	SSN:
Maiden Name(s):	Date of Birth:
Street Address:	Phone:
City, State, Zip:	Email:
Driver License Number:	State Issued:

Signature: _____ Date: _____

OFFICE USE ONLY (Check Applicable)

___ Criminal ___ Criminal with Alias ___ Criminal with Credit ___ MVR ___ Other _____