

AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION

By signing below, I acknowledge receipt of a copy of the document entitled FCRA NOTICE – CONSUMER REPORT DISCLOSURE, the document entitled FCRA NOTICE-INVESTIGATIVE CONSUMER REPORT DISCLOSURE and the federal notice entitled *A Summary of Your Rights Under the Fair Credit Reporting Act*, and acknowledge that a background check will be conducted by Company.

I understand that the scope of my authorization is not limited to the present and, if selected as a volunteer, will continue throughout the duration of my agreement and allows Company to conduct future screenings for retention, promotion or reassignment, as permitted by law and unless revoked by me in writing.

I hereby authorize the obtaining of “consumer reports” at any time after receipt of this authorization. To this end, I authorize any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer or insurance company to furnish all background information requested by Confirm Choice and/or _____
(the “Company”).

(insert company name)

I also confirm my understanding and provide consent for this report to be shared with a third-party for whom I may be placed to work/volunteer as a representative of Employer or Business Associate, if applicable.

Print Full Name (First, Middle, Last)

Other names you have used

Social Security Number*

Date of Birth*

Phone Number

Email address

Driver’s License Number

State Issued

Name as it appears on Driver’s License

Current Address

City

State

Zip

Signature: _____

Date: _____