



CREDIT RESEARCH INC.

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AUTHORITY TO RELEASE INFORMATION

To: Any person having knowledge of my conduct or activities, or any past, present or future Employer, Credit Bureau, Bank, Financial Institution, Dean, Registrar, Principal, Counselor, Instructor, or School, Doctor, Hospital, Clinic or Medical Facility, Law Enforcement Agency, Government Agency or Armed Forces:

I, _____ hereby authorize Credit Research Inc., through its agents, to conduct an appropriate background investigation of myself and prepare a consumer report or investigative consumer report which may be used as a factor in determining my eligibility for employment, promotion or retention as governed by the Fair Credit Reporting Act (FCRA) Public Law 91-508. I understand I may be entitled to certain disclosures and have been given a copy of "A Summary of Your Rights Under the FCRA", a document prescribed by the Federal Trade Commission. I understand this report may include information from personal interviews about my character, general reputation, personal characteristics and mode of living as well as both public and private sources including but not limited to the acquisition of any information contained in Federal, state and local records, public and private databases and repositories, criminal records, employment records, school records, driving records or abstracts, licensing boards and registries, etc. I further understand the information contained in my credit report may also be used as a factor in any employment decision. I hereby authorize all persons who may have information relevant to this investigation to disclose it to Credit Research Inc., Employment Record Service LLC or their agents, and I release all persons from any liability on account of such disclosure. I hereby further authorize that a photocopy of this authorization may be considered as valid as an original.

Signature: _____ Date: _____

Furnished for the purpose of positive identification: (Print Clearly)

First: _____ MI: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

A.K.A. (include maiden name): _____

SSN: _____ - _____ - _____ DOB: ____/____/____

Driver License#: _____ State: _____

Address History (Past 7 Years)

