



NOTICE, AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I, the undersigned candidate, do hereby authorize **My Sister's Place** by and through its' independent contractor to procure a consumer report and/or investigative consumer report on me. I understand that this authorization and release shall be valid for subsequent consumer and/or investigative consumer reports during my period of employment or volunteer service with **My Sister's Place** for the purpose of investigating any incidents of workplace misconduct or criminal activity for which I am alleged to have been involved during my employment or volunteer service.

These above-mentioned reports may include, but are limited to, information as to my character, general reputation, and personal characteristics, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to **My Sister's Place**, by and through an independent contractor including but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to **My Sister's Place**, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. section 1681 et seq.

Signature: _____ Date: _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

| | | | | | |
|--|----------------------------|---------------|----------------------|-----------------|---------------|
| Printed Name: | | | | | |
| | First | Middle | Last | | |
| Other Names Used (alias, maiden, nickname): | | | | | |
| Years Used: | | | | | |
| Current Address: | | | | | |
| | Street/P.O. Box | City | State | Zip Code | County |
| Date: | | | | | |
| Former Address: | | | | | |
| | Street/P.O. Box | City | State | Zip Code | County |
| Date: | Social Security No: | | | | |
| Drivers' License No. | State of Issuance : | | Date of Birth | | |
| Gender: | Daytime Phone No: | | Email: | | |