



RELEASE OF INFORMATION / AUTHORIZATION

CONSUMER REPORT / DISCLOSURE NOTIFICATION

A CONSUMER REPORT MAY INCLUDE INFORMATION ABOUT YOUR CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, OR MODE OF LIVING. UPON WRITTEN REQUEST MADE WITHIN A REASONABLE PERIOD OF TIME TO FAIRFIELD INFORMATION SERVICES & ASSOCIATES, PO Box 744, LANCASTER, OH 43130 A COMPLETE AND ACCURATE DISCLOSURE OF ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE CONSUMER REPORT WILL BE PROVIDED TO YOU. IF YOU HAVE BEEN REQUESTED TO COMPLETE THIS FORM BY AN EMPLOYER OR LANDLORD, YOU ARE ENTITLED TO ASK FOR A COPY OF YOUR CONSUMER RIGHTS UNDER THE FAIR CREDIT REPORTING ACT.

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I UNDERSTAND THAT A CONSUMER REPORT OR AN INVESTIGATIVE CONSUMER REPORT AS DESCRIBED ABOVE MAY BE OBTAINED. ALL LAW ENFORCEMENT AGENCIES, STATE POLICE AND COURTS ARE AUTHORIZED TO RELEASE ALL WRITTEN AND VERBAL INFORMATION ABOUT ME. I GIVE PERMISSION FOR A CRIMINAL BACKGROUND CHECK TO BE CONDUCTED ON ME AND HEREBY RELEASE ALL INDIVIDUALS, COMPANIES, CORPORATIONS, AND AGENCIES, PUBLIC OR PRIVATE, CONNECTED THEREWITH FROM ANY AND ALL LIABILITY ASSOCIATED WITH THE DISSEMINATION OF SUCH INFORMATION. I UNDERSTAND THAT I MAY REQUEST A COMPLETE AND ACCURATE DISCLOSURE OF THE NATURE AND SCOPE OF THE BACKGROUND VERIFICATION, TO THE EXTENT THAT SUCH INVESTIGATION INCLUDES INFORMATION BEARING ON MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS OR MODE OF LIVING.

APPLICANT'S PRINTED NAME _____

SOCIAL SECURITY NUMBER _____-_____-_____

DATE-OF-BIRTH _____-_____-_____

DRIVER'S LICENSE # _____ STATE: _____

CURRENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

LIST THE CITIES AND STATES IN WHICH YOU HAVE RESIDED FOR THE PREVIOUS SEVEN YEARS:

CITY: _____ STATE: _____

CITY: _____ STATE: _____

CITY: _____ STATE: _____

APPLICANT'S SIGNATURE _____

DATE SIGNED _____-_____-_____