



BACKGROUND CHECK RELEASE FORM

COMBINED DISCLOSURE NOTICE AND AUTHORIZATION REGARDING INVESTIGATIVE CONSUMER REPORTS

Important - Please read carefully before signing: I understand and agree that:

An investigative consumer report may be obtained in accordance with all applicable state and federal law at any time during the application process and thereafter during your association with the organization. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report and a summary of your rights under the Fair Credit Reporting Act.

I understand that, as a condition of my consideration for employment with the Organization, or as a condition of my continued employment with the Organization, an investigation of my professional and personal history will be conducted to generate a Consumer Report (Investigative Background Check) for employment and/or volunteer purposes. I hereby authorize Edify Administration Professionals, Inc. (d.b.a. Edify Background Screening), an agent of the Organization, to investigate and prepare a Consumer Report (Investigative Background Check) that will include personal information about me. I understand the report may include, but is not limited to, the following: my creditworthiness or similar characteristics, Employment and education verifications, DMV records and Driving Records, Professional Licensing, Social Media History, Social Security verification, Address History, reference checks, personal interviews, and civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness. Guardian consent is requested for minors (under age 18 years), and required where local, state, or federal law regulation or ordinance dictate.

I also agree that a fax, photocopy, or digitally signed version of this authorization with my signature is valid and carries the same authority as the original.

I hereby authorize and consent to the Organization's procurement of such a report. I understand that I have the right to request, in writing, a complete and accurate disclosure of the nature and scope of this investigation.

(All fields are required. Please print clearly or type all fields.)

NAME (First, Middle, Last): _____ Gender: _____

Date of Birth: ____/____/____ Applicant's SS No: ____-____-____

Driver's License No: _____ State Issued: _____

Address: _____ City: _____ State: ____ Zip: _____

Daytime Phone: ____-____-____ Email Address: _____

For California, Minnesota and Oklahoma applicants: if you would like to receive a copy of the report, if one is obtained, please check this box.

Notice to New York Applicants: Under Article 25 Sec 380-g of the NY General Business Law, should a consumer report received by an employer contain criminal conviction information, the employer must provide to the applicant or employee who is the subject of the report, a printed or electronic copy of Article 23-A of the New York Correction Law, which governs the employment of persons previously convicted of one or more criminal offenses.

I testify the information supplied on this release form is true and correct, to the best of my knowledge.

Applicant's Signature _____ **Date:** ____/____/____