DISCLOSURE & AUTHORIZATION AND CONSENT FOR RELEASE FORM

DISCLOSURE

This document serves solely as a clear and conspicuous written disclosure as required by the Federal Fair Credit Reporting Act set forth in Section 604 (b) to the applicant that a social security, motor vehicle verification, education, previous employment, credit, character, general reputation, personal characteristics, mode of living and a criminal background verification may be obtained for the purpose of this program. By the signature below, the Applicant acknowledges that **AccuSource, Inc**. has made this disclosure.

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

This release and authorization acknowledges that ***Company*** may now, or any time while I am in this program, conduct a verification of my education, previous employment/work history, credit history, contact personal references, motor vehicle records, conduct drug testing and to receive any criminal history information pertaining to me which may be in the files of any Federal, State, or Local criminal justice agency, and to verify any other information deemed necessary to fulfill the program requirements. The results of this verification process will be used to determine eligibility under ***Company*** policies. In the event that information from the report is utilized in whole or in part in making an adverse action decision with regard to your potential participation, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law. I authorize **AccuSource, Inc**. at 1240 E. Ontario Avenue, Suite 102-140, Corona, California 92881, 951-734-8882, and any of its agents, to disclose orally and in writing the results of this verification process to the designated authorized representative ***Company.*** **Contact AccuSource, Inc., if you want to receive a copy of our Information Security Policy.**

I have read and understand this release and consent, and I authorize the background verification.

I authorize persons, schools, current and former employers, and other organizations and Agencies to provide **AccuSource, Inc.** with all information that may be requested. I hereby release all of the persons and Agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge ***Company*****, AccuSource, Inc**., and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any Agency arising from retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if my participation was denied based on information obtained by this program and to receive a disclosure of the public record information and of the nature and scope of the investigative report.

CONFIDENTIAL INFORMATION FOR POSITIVE IDENTIFICATION PURPOSES ONLY

Applicant Last Name _____ First Name _____ Middle Name _____

List Other Names Used _____ Date of Birth (For Identification only) _____ Social Security Number _____

Drivers License Number _____ State Drivers License Issued _____ Last Name on Drivers License _____

Current Address _____ City/State/Zip _____ Dates _____

Previous Address _____ City/State/Zip _____ Dates _____

Previous Address _____ City/State/Zip _____ Dates _____

_____ _____ ← **RELEASE MUST BE SIGNED**

Applicant's Signature ***Today's Date***

- ❑ Please provide me with a copy of my credit report (California, Oklahoma, Minnesota residents only)
- ❑ Please provide me with a copy of my investigative consumer report (California residents only)