## **CREDIT REPORT CHECK AUTHORIZATION (CONSENT) FORM**

| **Applicant's Full Name:** |  |
| --- | --- |
| **Date of Birth:** |  |
| **Social Security Number (optional, if required)** |  |
| **Address:** |  |
| **Phone Number** |  |
| **Email** |  |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the undersigned, hereby give my consent to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and its authorized agents to obtain a copy of my credit report for the purpose of evaluating my creditworthiness in connection with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I have thoroughly reviewed and understand the **FCRA** Candidate Disclosure for the Procurement of Consumer Reports form, including, if applicable, the California Candidate Disclosure for the Procurement of Investigative Consumer Reports form. Additionally, I have read and understand the enclosed Summary of Rights under the Fair Credit Reporting Act and State Law Disclosures.

**1. Duration of Consent**:

This consent is valid from the date of my signature below and remains in effect until revoked in writing by me.

**2. Authorization:**

I understand that my credit report may be obtained from one or more credit reporting agencies. I authorize the release of my credit information to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the purposes described above. By signing below, I grant permission to all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts and agencies, military services, and individuals to disclose any information they possess regarding me, which may include criminal and driving history. This authorization remains valid whether presented in its original form or as a copy

**Furnish addresses from the past seven (7) years**.

| **Current Street Address** |  |
| --- | --- |
| **City** |  |
| **State** |  |
|  |  |
| **Prior Street Address** |  |
| **City** |  |
| **State** |  |
| **Start Date** |  |
| **End Date** |  |
|  |  |
| **Prior Street Address** |  |
| **City** |  |
| **State** |  |
| **Start Date** |  |
| **End Date** |  |
|  |  |
| **Driver's License #** |  |
| **State** |  |

**3. Acknowledgment:**

I acknowledge that I have received a copy of this Credit Report Consent Form.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_