Requester:	
Ministry Area:	
Check complete/date:	



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

I, the undersigned consumer, do hereby authorize <u>Crossroads Christian Church</u> 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 tenure with <u>Crossroads Christian</u> <u>Church</u> for the purpose of investigating any incidents of workplace misconduct or criminal activity for which I am alleged to have been involved.

These above-mentioned reports may include, but are not 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 **Crossroads Christian Church**, 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 **Crossroads Christian Church**, 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. § 1681et. seq.

Signature:			Date:		
	IDENTIFYING INFORMAT	TION FOR CONSUMER R	REPORTING AGENCY	Y	
Printed Name:					
Printed Name: First		Middle	Last	Last	
Other Names U	Jsed (alias, maiden, nickname)				
Years Used					
Current Address:					
	Street /P. O. Box	City, State Zip Code	County	Dates	
Former Address:					
	Street /P. O. Box	City, State Zip Code	County	Dates	
Social Security Number:		Daytime Phone N	lumber:		
Driver's Licen	se #:	State: DO	B*: (	: Gender*:	

<sup>\*</sup> This information will enable us to properly identify you in the event we find adverse information during the course of our background search.