**CREDIT REPORT AUTHORIZATION FORM**

By my signature below I, **[NAME]**, authorize **[NAME]**, to obtain a Background Check and / or Consumer Credit Report on me.

This authorization is valid for purposes of verifying information given pursuant to

employment, leasing, rental, business negotiations, or any other lawful purpose covered.

under the Fair Credit Reporting Act (FCRA).

The Background Check may contain information available in the Public Domain but may.

not include interviews with persons other than previous employers or their agents.

By my signature below, I hereby authorize all corporations, former employers, credit.

agencies, educational institutions, law enforcement agencies, city, state, county and

federal courts and agencies, military services and persons to release all information they

may have about me including criminal and driving history. This authorization shall be

valid in original or copy form.

Applicant's Name: **[APPLICANT NAME]**

Social Security Number: **[SOCIAL SECURITY NUMBER]**

Date of Birth: **[DATE OF BIRTH]**

**Provide Addresses for the Last 7 Years**

Current Street Address: **[STREET ADDRESS]** City: **[CITY]**

State: **[STATE]** Start Date: **[START DATE]**

Prior Street Address: **[PRIOR STREET ADDRESS]** City: **[CITY]**

State: **[STATE]** Start Date: **[START DATE]** End Date: **[END DATE]**

Prior Street Address: **[STREET ADDRESS]** City: **[CITY]**

State: **[STATE]** Start Date: **[START DATE]** End Date: **[END DATE]**

Driver’s License #: **[DRIVER'S LICENSE NUMBER]** State: **[STATE]**

**Signature**: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date: **[DATE]**