

Background Check Authorization Form

Please read and complete this form to authorize the company to conduct a background check. This form will be used to obtain consumer reports and/or investigative consumer reports for employment, volunteer, or tenancy purposes.

1. Applicant Information

First Name: Middle Name:
Last Name: Other Names Used (e.g., Maiden Name):
Date of Birth (MM/DD/YYYY): Social Security Number:
Driver's License Number: Issuing State:

2. Address History

Current Street Address:
City: State: ZIP Code:
Previous Street Address:
City: State: ZIP Code:

3. Contact Information

Phone Number: Email Address:

4. Authorization & Disclosure Statement

By signing below, I hereby authorize the procurement of a background check, consumer report, and/or investigative consumer report. I understand that this information may include, but is not limited to, criminal history, driving records, employment verification, education verification, and credit history.

I authorize any database, law enforcement agency, administrator, state or federal agency, institution, school, or private organization holding records related to me to release such information to the requesting organization and its designated background check agency.

5. Hand-Written Signature Required for Print

Please print this document and sign below to authorize the background check.

Printed Full Legal Name:

Applicant Signature: _____

Date (MM/DD/YYYY):