

Applicant Credit History Authorization Form

Please complete this form to authorize the release of your credit history for background screening purposes. This form is designed to be printed, filled out, and signed.

1. Applicant Information

Full Legal Name:

Social Security Number:

Date of Birth (MM/DD/YYYY):

Current Street Address:

City, State, Zip Code:

Phone Number:

Email Address:

2. Credit Check Authorization

By signing below, I hereby authorize the requesting organization to obtain a consumer credit report and conduct a background investigation. I understand that this information will be used solely for the purpose of evaluating my application.

I authorize any credit reporting agency, consumer reporting agency, or past employers to release information regarding my credit history and financial standing.

3. Acknowledgment and Signature

Applicant Signature (Sign on printed copy):

Date (MM/DD/YYYY):