



INVESTIGATIVE CONSUMER REPORT

I hereby certify that the information provided is true and correct to the best of my knowledge and belief. I understand that the information I have provided may be used to assist in determining my suitability for employment / volunteer/ vendor / consultant position with _____ and that the information may be verified through the preparation of an Investigative Consumer Report; and that I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of the nature and scope of any such report, and that I have the right to know if my employment / volunteer / vendor / consultant position is denied because of information contained in it.

In connection with such verification, I hereby acknowledge receipt of a copy of "A Summary of Consumer Rights under the Fair Credit Reporting Act."

I further authorize _____, and/or its Authorized Representatives, including, but not limited to, **Silverseal and its subsidiaries**, to obtain and receive any information relating to my activities from educational institutions, current and previous employers, criminal justice and law enforcement agencies, driving records, motor vehicle records, civil court records, financial or lending institutions, credit bureaus and consumer reporting agencies. This information may include, but is not limited to, academic, employment, achievement, performance, attendance, personal history, disciplinary history, criminal history record, arrests and convictions as applicable by state, city and federal law.

Upon request, copies of this Authorization may be furnished to educational institutions, present or former employers, criminal justice and law enforcement agencies, credit reporting agencies, or other entities furnishing information of record.

I hereby release _____, and its Authorized Representatives, and any individual, including records custodians, from all liability for damages that may result to me on account of compliance, or any attempts to comply with this Authorization. This release is binding, now and for the length of my employment/ volunteer / vendor / consulting position with _____. Photocopies of this Authorization which show my signature are as valid as the original release signed by me.

SIGNATURE MUST BE HANDWRITTEN. NO ELECTRONIC SIGNATURES.

<i>Printed Name (First, Last)</i>	<i>Last four digits of SS#</i>
<i>Signature</i>	<i>Date</i>
<i>Witness</i>	<i>Date</i>



The following information is required for identification purposes when verifying and researching public and open-source records for an investigative consumer report. It is confidential and will not be used for any other purposes.

IDENTIFYING INFORMATION

Name _____
First Middle Last

Other names used _____

Date of Birth (mm/dd/yyyy) _____

SS# - please provide either the full SS# or the last four digits: _____

Gender Male Female Other Prefer not to answer

Current Address

Street Address

City / Town

State

Zip / Postal Code

County / Province

Country

Dates resided at the above address: from _____ to _____

Addresses for the past seven (7) years:

