

Credit Bureau Report Authorization

FROM

NAME: _____
DIVISION: _____
PHONE: _____
FAX: _____

PERMISSION TO CHECK CREDIT

TO: Information service bureaus (Credit Bureaus)

You are hereby authorized, without reservation, to release to _____, or its agents all information regarding my CREDIT records. I understand that my credit report may be used for employment purposes. I understand that this document shall be kept on file and may be used at any time during my employment to procure a credit report. I hereby agree that a photographic copy or a telephonic facsimile of this document shall be valid for all purposes present or future.

(Please Print)

First Middle Last

Address:

Street # Street Name City State ZIP

DOB: ____/____/____ SSN: ____-____-____

Signed Date

Witness to signature Date

Employer