

**APPENDIX H**

**Credit Bureau Report Authorization**

**FROM:**

NAME: \_\_\_\_\_

DIVISION:

PHONE:

FAX: \_\_\_\_\_

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**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)**

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**First** **Middle** **Last**

Address:

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**Street #** **Street Name** **City** **State** **ZIP**

**DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **SSN:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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**Signed** **Date**

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**Witness to signature** **Date**

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**Employer** **Date**