

FIDELITY DATA SERVICE

PURCHASE

**AUTHORIZATION OF A CONSUMER AND/OR INVESTIGATIVE
CONSUMER REPORT**

I, the undersigned consumer, do hereby authorize Fidelity Data Service to procure a consumer report and/or investigative consumer report on me. I understand that this authorization shall be valid for subsequent consumer and/or investigative consumer reports during my period of my occupancy.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, and personal characteristics, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record. I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Fidelity Data Service by and through its' independent contractor, including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources. I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to Fidelity Data Service, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681et. seq. and Cal. Civ. Code § 1786.

Signature: _____

Date: _____

(PLEASE PRINT OR TYPE)

SOCIAL SECURITY NUMBER *

DRIVER'S LICENSE NUMBER
& STATE *

DATE OF BIRTH*

GENDER* (M or F)

LAST NAME

FIRST NAME

MIDDLE NAME

OTHER NAMES USED (alias, maiden, nickname)

YEARS USED _____

CURRENT STREET ADDRESS

CITY

STATE

ZIP

DATES LIVING HERE _____

***Without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background investigation.**

PLEASE LIST ALL ADDRESSES FOR LAST SEVEN (7) YEARS
(If you need additional space please use the back of this form)

STREET/P.O. BOX

CITY STATE ZIP

DATES LIVED HERE _____

STREET/P.O. BOX

CITY STATE ZIP

DATES LIVED HERE _____

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