



Disclosure and Release Authorization

Disclosure: Under the applicable provisions of the federal Fair Credit Reporting Act (FCRA) and the Driver Privacy Protection Act (DPPA), notice is hereby given that a consumer report and or an Investigative Consumer report may be requested from ProVerify. The report may include, but not limited to, the following types of information: educational accomplishments, employment history, driving record, worker’s compensation claims, credit, criminal records and civil records. In addition, an investigative consumer report may be requested from ProVerify. Such report contains information regarding character; general reputation, personal characteristics, or mode of living, which is obtained from personal interviews with neighbors, friends and associates. These reports will be used for employment purposes only.

Release Authorization: I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY PROVERIFY TO FURNISH THE ABOVE MENTIONED INFORMATION. I HEREBY ACKNOWLEDGE THAT A PHOTOGRAPHIC COPY OR FAX OF THIS NOTICE SHALL BE VALID AS THE ORIGINAL. I AGREE TO RELEASE AND HOLD HARMLESS PROVERIFY FROM ANY LIABILITY ARISING FROM ANY ERRORS IN INFORMATION IT IS PROVIDED.

Fair Credit Reporting Act (FCRA) rights: I have the right to make a request to ProVerify, upon proper identification, the nature and substance of all information in its files on me at the time of my request, including the sources of information and the recipients of any reports on me which ProVerify has furnished within the two-year period preceding my request. Such information will be provided to me at no cost within 30 days after having received my request.

I request a copy of my background check in accordance with Civil Code 1786.16: Yes No

I, _____ hereby consent and authorize Employer and / or ProVerify, LLC on the employer’s behalf, to prepare a report as defined above for employment purposes prior to an offer of employment or anytime after employment. I, the undersigned, have read and fully understand the above notice.

Signature: _____ Date: _____

Social Security #: _____ DL #: _____ State _____

Print Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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