**DISCLOSURE AND AUTHORIZATION TO OBTAIN CONSUMER REPORT FOR EMPLOYMENT PURPOSES**

The [Institution’s Name] may obtain a consumer report (commonly known as a background report) and/or investigative consumer report from a consumer reporting agency for employment purposes. The consumer report may include information concerning your employment history, education, qualifications, character, general reputation, personal characteristics, criminal record, motor vehicle record, mode of living and/or credit standing and indebtedness. This information may be obtained from public and/or private sources.

A consumer report and/or an investigative consumer report may be obtained in processing your application for employment, or at any time during your employment period, as authorized by state law and/or the Fair Credit Reporting Act (**FCRA**). Should an investigative consumer report(a consumer report in which the above types of information are obtained through personal interviews) be requested, you will have the right to obtain a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

In the event that information from a consumer report obtained about you from a consumer reporting agency is used in whole or in part in making an adverse decision with regard to employment, you will be provided with a copy of the consumer report and a description in writing of your rights under the law.

**AUTHORIZATION**

I have carefully read and understand this Disclosure and Authorization Form and the attached Summary of Rights under the Fair Credit Reporting Act. I hereby authorize [Institution’s Name] to obtain and/or its agent to obtain and furnish to [Institution’s Name] information related to my background to be used for employment purposes. I hereby authorize any law enforcement agency, institution (including learning institution), information service bureau, credit bureau, record/data repository, court, motor vehicle record agency, employer, military, and other individuals and sources contacted by [Institution’s Name] and/or its agent to furnish the information requested by the consumer reporting agency for employment purposes.

I understand and agree that a facsimile(FAX) or photographic copy of this authorization will be as valid as the original.

I hereby release [Institution’s Name], all its agents and employees, and all persons, agencies, and entities furnishing information or reports about me from all liability arising out of the request for or release of any of the above mentioned information or reports.

**Applicant/Employee Signature Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Attached: Summary of Rights Under the FCRA**

