

DISCLOSURE AND RELEASE FOR INVESTIGATION

Please Print Your Full Name SSN

Please Print Any Other Names You Have Used DOB

Street Address

City State Zip Code

Driver's License # Exp. Date State Issued

I hereby give consent for an investigative consumer report to be prepared for employment _____ or tenant purposes _____ (**applicant must circle one and initial it**), which may include information about me obtained from Law Enforcement Agencies, State Agencies, as well as Public Records information such as credit reports, social security information, criminal history information, motor vehicle records and workers' compensation records, such as are allowed by law and in accordance with the Americans With Disabilities Act. Your signature below indicates your understanding that this authorization shall remain on file and shall serve as a continuing authorization for Garcia & Associates, Inc. to procure consumer reports and/or investigative consumer reports for the above purpose, at any time during the course of your employment or residency.

My signature certifies that I have read and agree with the above statements and have received a copy of A Summary of Your Rights Under the Fair Credit Reporting Act.

Signature Date

Witness Date