



## AUTHORIZATION FOR CONSUMER AND /OR INVESTIGATIVE REPORT

I acknowledge that, as a condition of employment or continued employment, **Edgewood College** may, now or any time during my employment with **Edgewood College**, obtain a consumer report about me, as applicable and to the extent permitted by law. The consumer report may include verification of my education, previous employment/work history, credit history, motor vehicle records, verification from personal references, drug testing, criminal history located in the files of any Federal, State, or Local criminal justice agency, and verification of any other information deemed necessary by **Edgewood College**. The results of this consumer report will be used to determine employment eligibility under **Edgewood College's** employment policies. I acknowledge that if information from the report is used in whole or in part in taking adverse action with regard to my potential or continued employment, before taking the adverse action, **Edgewood College** will provide me with a copy of the consumer report and a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act."

I authorize **AccuSourceHR, Inc.**, a third-party consumer reporting agency, and any of its agents, to disclose orally and in writing the results of the consumer report to the designated authorized representative of **Edgewood College**. **AccuSourceHR, Inc.**, is located at 11811 N. Tatum Blvd., Suite 3031, Phoenix, AZ 85028, has a phone number of 951-734-8882 or toll-free 888-649-6272, email of [cs@accusourcehr.com](mailto:cs@accusourcehr.com) and website of [www.accusourcehr.com](http://www.accusourcehr.com).

I authorize persons, schools, current and former employers, and other organizations and agencies to provide **AccuSourceHR, Inc.**, with all information that may be requested. I agree that any copy of this document is as valid as the original. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer and to receive a disclosure of the public record information and of the nature and scope of the investigative report.

**I have read, understand, and acknowledge the receipt of the disclosure and authorization, and I authorize Company to obtain the consumer report and/or investigative consumer report.**

### **CONFIDENTIAL INFORMATION FOR POSITIVE IDENTIFICATION PURPOSES ONLY**

Applicant Last Name	First Name	Middle Name
List Other Names Used (MAIDEN NAME)	Date of Birth (For Identification only)	Social Security Number
Driver's License Number	State Driver's License Issued	Last Name on Driver's License
Current Address	City/State/Zip	Dates
Previous Address	City/State/Zip	Dates
Previous Address	City/State/Zip	Dates
_____	_____	← <b>FORM MUST BE SIGNED</b>
<i>Applicant's Signature</i>	<i>Today's Date</i>	

- Please provide me with a copy of my consumer report ("investigative consumer report" in California) (California, Minnesota, New Jersey, and Oklahoma residents only)