

CONSUMER AUTHORIZATION

Fax to 404-762-4277 or scan and e-mail to background@norred.com

To Whom It May Concern:

I hereby authorize and request any present or former employer, school, police department, financial institution, drug screening facility or other persons having personal knowledge about me, to furnish bearer with any and all information, including but not limited to criminal, driving, and drug screen in their possession regarding me in connection with an application for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorization request. I understand this authorization is to be part of the written employment application that I sign.

I have been given a stand-alone, consumer notification that a Consumer report or Investigation Consumer Report will be requested and used for the purpose of evaluating me for employment, promotion, reassignment, or retention as an employee and is in compliance with the Federal Fair Credit reporting Act. I further agree to indemnify and hold harmless Norred and Associates, its directors, officers, employees, agents, successors, assigns, and vendors from any and all claims, liability or damages whatsoever arising out of or related to the accuracy or use of the services or data provided.

Criminal Check _____ MVR _____ Drug Screen _____

Name (print as appears on license) _____
(First) (Middle) (Last)

Signature _____

Date _____

Address _____

Sex (optional-will be used for identification purposes only) _____

Race (optional-will be used for criminal history only) _____

Date of Birth(necessary-will be used for identification only) _____

Social Security Number(necessary-will be used for identification only) _____

Driver's License Number _____ State of Issue _____

Print all former names used (1) _____

(2) _____ (3) _____

Consumer Authorization Instructions

In order for any background service to be performed, a signed Consumer Authorization must be filled out by each individual services are being requested for. This form must be filled out as completely and legibly as possible in order to prevent errors or delays in services. Any report which must be rerun due to errors on the final report, as a direct result from incorrect or misleading information found on the consumer authorization will be subject to a fee in order to rerun all affected results. All reports which must be rerun due to mistakes on the part of Norred & Associates, our vendors or our agents, will be rerun free of cost.

The consumer authorization found in this link is a basic template used by Norred & Associates and is intentionally designed to cover a wide range of services. All Consumer Authorizations, regardless of format, must contain the following in order to be accepted and processed:

1. The Agreement must be clear and able to be read. Please keep in mind that the process of scanning, faxing and emailing will cause some distortion in the image.
2. The name indicated must be legible and reflect the individual's legal name. Nick names or names used will cause errors in results.
3. The form must be signed by the individual and the signature date indicated.
4. The date indicated must not exceed 60 days from the date of submission.
5. Date of Birth and Social Security Number must be completed and accurate.
6. Complete Driver's License number must be indicated if a Motor Vehicle report is being requested. Please copy the number from the Driver's License in the same format as indicated on the card, being sure to include all numbers and/or letters listed.

Once the form has been completed, please make sure to verify that all information is present and accurate prior to sending.