

GREENVILLE COUNTY SCHOOL DISTRICT CONSUMER AUTHORIZATION AND RELEASE

In connection with GREENVILLE COUNTY SCHOOL DISTRICT considering me for employment, continued, employment, promotion or reassignment, I authorize GREENVILLE COUNTY SCHOOL DISTRICT and or its agent, ACCUFAX Div., Southwest Inc. to obtain a consumer report, criminal background check report, investigative consumer report which may include information on my character, general reputation, personal characteristics, and mode of living form public record sources or through personal interviews with previous employers or associates.

I authorize, without reservation, any person or entity contacted by GREENVILLE COUNTY SCHOOL DISTRICT, or its agent, ACCUFAX Div., Southwest Inc. to furnish the above stated information, and I release any such person or entity from any and all liability for furnishing such information. I further release GREENVILLE COUNTY SCHOOL DISTRICT, its affiliated companies, their officers, employees and agents, and specifically, ACCUFAX Div., Southwest Inc., their affiliated companies, their officers, employees and agents from any liability and responsibility arising from the preparation of said report. I understand that false or misleading statements made on this authorization, or made during the employment process, will disqualify me from consideration for employment or result in my immediate discharge if employed.

By my execution hereof I acknowledge I have been provided with a separate Consumer Disclosure advising me that a report will be requested and used for the purpose of evaluating me for employment, continued employment, promotion, or reassignment as an employee.

PLEASE PRINT (Use Blue or Black Ink)

Requested by: 8643553974

FULL LEGAL NAME _____ DOB* _____ SS# _____

OTHER NAME USED _____

Name exactly as it appears on Drivers License _____

CURR. ADDR. _____

CITY _____ ST _____ CO _____ ZIP _____ HOW LONG _____

PREV.ADDR. _____

CITY _____ ST _____ CO _____ ZIP _____ HOW LONG _____

PREV.ADDR. _____

CITY _____ ST _____ CO _____ ZIP _____ HOW LONG _____

Signature _____ Date _____

LIST ALL CITY/STATES RESIDED IN SINCE AGE 18 AND HOW LONG IN EACH CITY/STATE:

* "DATE OF Birth" (DOB) or "Age" will be used solely for the purpose of identification in doing background checks and will not be considered or used for any other purpose.

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CONSUMER DISCLOSURE (FCRA-1)

In connection with **GREENVILLE COUNTY SCHOOL DISTRICT** considering me for employment, continued employment, promotion or reassignment, **GREENVILLE COUNTY SCHOOL DISTRICT** may obtain a consumer report, criminal background check report or investigative consumer report on you which may include information on character, general reputation, personal characteristics, and mode of living from public record sources or personal interviews with previous employers or associates. You have the right, upon written request, to receive a written description of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

I HEREBY ACKNOWLEDGE RECEIPT:

PRINT NAME

DATE

SIGNATURE

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT