

CREDIT REPORT CHECK AUTHORIZATION (CONSENT) FORM

Applicant's Full Name:	
Date of Birth:	
Social Security Number (optional, if required)	
Address:	
Phone Number	
Email	

I, _____ the undersigned, hereby give my consent to _____ and its authorized agents to obtain a copy of my credit report for the purpose of evaluating my creditworthiness in connection with _____. I have thoroughly reviewed and understand the **FCRA** Candidate Disclosure for the Procurement of Consumer Reports form, including, if applicable, the California Candidate Disclosure for the Procurement of Investigative Consumer Reports form. Additionally, I have read and understand the enclosed Summary of Rights under the Fair Credit Reporting Act and State Law Disclosures.

1. Duration of Consent:

This consent is valid from the date of my signature below and remains in effect until revoked in writing by me.

2. Authorization:

I understand that my credit report may be obtained from one or more credit reporting agencies. I authorize the release of my credit information to _____ for the purposes described above. By signing below, I grant permission to all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts and agencies, military services, and individuals to disclose any information they possess regarding me, which may include criminal and driving history. This authorization remains valid whether presented in its original form or as a copy

Furnish addresses from the past seven (7) years.

Current Street Address	
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City	
State	
Prior Street Address	
City	
State	
Start Date	
End Date	
Prior Street Address	
City	
State	
Start Date	
End Date	
Driver's License #	
State	

3. Acknowledgment:

I acknowledge that I have received a copy of this Credit Report Consent Form.

Signature: _____ **Date:** _____