

AUTHORIZATION FOR FILE DISCLOSURE

I hereby authorize _____ to obtain a consumer credit report and/or investigation report on myself consisting of, but not limited to, employment verification, motor vehicle records, criminal scan, bad check and driver's license verification, academic verification, Worker's Compensation information and drug testing for the purpose of employment with the above mentioned company. I understand that such information may be derived in whole or in part from Experian, Equifax, Quest Diagnostics, American Driving Records, Contemporary Information Corporation, and/or other sources.

Signature

Date

Full Name (please print)

Home Address

City

State

Zip

Social Security Number

Driver's License

Date of Birth

*****IMPORTANT NOTE TO CIC SUBSCRIBER!*****

In Accordance with the Fair Credit Reporting Act, the Fair and Accurate Credit Transactions Act and other state and federal laws, this signed form is to be kept on file by CIC client ("subscriber") for no less than six years. CIC may request that subscriber supply a copy of the consumer signed Authorization for File Disclosure or application for rental, credit, or employment anytime within that six year period. Failure to comply may result in termination of subscriber's account as well as any criminal or civil penalties that may apply under current law.