

NORRED & ASSOCIATES, INC

CONSUMER AUTHORIZATION

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, credit history and Global Watch Alert information, 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.

Name (please print) _____

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) _____

Drivers License Number _____ State of Issue _____

Print all former names used (1) _____

(2) _____ (3) _____

List-All former addresses for the past 7 years
