



In connection with with	my application for	1 ,	(including These	consumer rep	or service ports (inves	tigative	volunteer consumer	reports in California) may
report (except California	a), etc. I further understand	d that such report	ts may contair	public record	information	n such as	, but not lii	accidents, licensure, credit mited to: my driving record, gencies which maintain such
								s with former employers and and <i>personal characteristics</i>
	OUT RESERVATION, E-MENTIONED INFOR		OR AGENCY	CONTACTE	ED BY THI	E CONS	UMER RI	EPORTING AGENCY TO
<u>866.773.3675</u> , upon proper identi provide a complete and accurate furnished within the two year per	ification, to request the nature and disclosure of the nature and scop	substance of all informe of the investigation of one year for other pur	nation in its files of covered by the inv	on me at the time of estigative consumer	f my request, in r report (s); and	cluding the the recipie	sources of info nts of any rep	30281, toll free telephone number of ormation and <b>DSI</b> , on our behalf, will orts on me which <b>DSI</b> has previously obtaining the above information from
	of consumer report (s) and investigatime during my employment (or co		(s). If hired (or con	tracted), this author	rization shall rer	nain on file	and shall serve	e as ongoing authorization for you to
California, Minnesota and	Oklahoma Applicants only: Chec	ck box if you request a	copy of any consu	imer report ordered	on you.			
	h information as follows: 1) In per	ode to contact DSI duri		rs (9:00 a.m. to 5:00				obtain all information in your file for offices. <b>DSI</b> may require this third
identification in a written request		a third party identifie if the file contains any	ed by you; 3) By to information that i	elephone, if you has s coded, such will b	ve previously p	rovided pro		nail, if you have previously provided on in writing to <b>DSI</b> ; and <b>4) DSI</b> has
For consumers applying for work	in New York: I acknowledge rece		York Applicants: 23 -A of the New		aw (In	itials)		
I acknowledge that I have been pr	rovided a copy of consumer's righ	ts under the Fair Credit	t Reporting Act.					
<b>Applicant's Printed</b>	Name		Social	Security Nu	ımber	Maide	n Name	
		Male	/ Female					
Date Of Birth	Race	G	ender	-				
Alias Names:								
Drivers License #:		State	N	ame On Li	cense			
Mailing Address: -								
City_		S	State	. Zip				
List Previous States of Residence the Las								
of Residence the Las	t / Tears.							
Applicant's Siganatu	ıre (Required)			_	Curre	nt Dat	e (Requi	red)
Requsted By:			Ema	il Address:				
Company Name :	npany Name : Phone / Fax Number: /							
_	Plea	se Select Serv	rice(s) Need	For This A	Applicant	:		
County Criminal S	earch	Statewid	le Crimina	l Search				
States/Counties To S	Search:							
Ga State Repositor Social Security/Add Credit Check OFAC		Nationw MVR - I			ry 🔲 🤅	GSA -( State E	xclusion	Service Administration
	se Verification (Prov ment Verification				l	Educat	ion Veri	fication (Provide Info) Ref. (Provide Info)

## Additional Information

	☐ Staff
	☐ Faculty
	☐ Temporary
	☐ Student Assistant
	☐ Graduate Assistant
	☐ Work-Study Student
Case Number _	
Price_	
Supervisor	
Supervisor Email	
Department	