

AUTHORIZATION FOR INVESTIGATIVE CONSUMER REPORT

I have read and understand the foregoing Disclosure, and authorize Reflection Ministries of Texas to obtain and rely upon investigative consumer reports concerning me obtained from IntelliCorp Records, Inc.

By my signature below, I authorize Reflection Ministries of Texas to obtain any such reports and to share the information received with any person involved in their decision about me.

I also consent to have any legally required notices sent electronically.

I do _____do not_____ authorize you to contact, through IntelliCorp Records, Inc., *my current* employer for Employment and Reference Verifications. (*Checking "I do" will authorize inquiries to the Human Resources Department and to any listed supervisors.*)

Printed Name

Date

Applicant Signature

Date

Personal Data

Last Name

First Name

Middle Name

Current Address

Dates Lived Here

Date of Birth

Other Names Used (including maiden name)

Years Used

Social Security Number

Driver's License #

DL State

Email address (may be used for official correspondence)

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two-year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete.

Printed Name

Applicant Signature

Date

Authorization for Consumer Report
Form created 7/1/18