

## AUTHORIZATION FOR CONSUMER REPORTS

I hereby authorize procurement of a national criminal background check by The Woodlands Community Presbyterian Church ("Company"). If hired, or volunteering, this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

**This authorization is conditioned upon the following representations of my rights:**

I understand that I have the right to make a request to the consumer reporting agency: Datasource, Inc ("Agency"), 1200 South Outer Road, Blue Springs, MO 64015, telephone number (877) 577-3832, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information, and the Agency, on Company's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for requests, and one year for other purposes preceding my request. I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: [www.datasourcecorp.com](http://www.datasourcecorp.com).

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights \_\_\_\_\_ (initials).

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### APPLICANT/VOLUNTEER:

### ALL FIELDS ARE REQUIRED

Printed Full Name: _____				
(First)	(Middle)	(Last)		
Alias/Maiden Name(s): _____				
Social Security Number: _____			Date of Birth: _____	
Email: _____			Phone: _____	
(List all addresses during the past 7 years)				
Current:	_____	_____	_____	_____
	(Street)	(City)	(State)	(Zip) (Dates)
Previous:	_____	_____	_____	_____
	(Street)	(City)	(State)	(Zip) (Dates)
Previous:	_____	_____	_____	_____
	(Street)	(City)	(State)	(Zip) (Dates)
Previous:	_____	_____	_____	_____
	(Street)	(City)	(State)	(Zip) (Dates)