



AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION

In connection with your application, we will procure a background check on you as part of the process of considering your candidacy as a provider. In the event that information from the investigative consumer report is utilized in whole or in part in making an adverse decision, we will provide you with a copy of the report and a description in writing of your rights under the federal Fair Credit Reporting Act.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. Upon request we can provide you with a summary of these rights.

By your signature below, you hereby authorize us to obtain a background check about you in order to consider you as a provider for A Glimmer of Hope. The following confidential information is only used when checking public records and will not be used for any other purposes

A criminal background check will be conducted. The below information is required in full.

PLEASE PRINT

Applicant's Name:

(As it appears on your driver's license) FIRST, MI, LAST

Maiden or Names Used:

DOB mm/dd/yyyy

Social Security #:

Applicant's Address:

City / State / Zip:

Telephone #:

Driver's License #:

State:

Email Address:

Residential Addresses for the past 7 years:

Applicant's Signature:

Date: