



Company Name / Requestor NuConcept Realty & Mortgage Services LLC

Fax Number 305-354-9616 Date _____

Authorization for Release of Information

I, the legal undersigned, having been duly sworn under oath, state that this is my voluntary, lawful AFFIDAVIT and REQUEST FOR RELEASE of information. In connection with any employment opportunity (including contract for services), I authorize Premium Credit Bureau and its respective agent(s), to solicit information about my background including, but not limited to information regarding any criminal history, employment history and income, licenses, consumer credit history, driving record, and general public records history. I also authorize the procurement of an investigative consumer report. I understand that such an investigative consumer report may contain information about my background, mode of living, character and personal reputation; and I am entitled to be advised of the nature and scope of the investigation requested within a reasonable time after I ask for this information in writing.

I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by Premium Credit Bureau or its agent(s), to release any information on record. Furthermore, I release Premium Credit Bureau, its respective employees and agents of said cities, municipalities, and the Division of Police thereof, and all persons agencies and entities providing information or reports about me from any and all liabilities arising out of the release of any such information.

If ordering Credit Report*, APPLICANT must sign this Release: SIGNATURE: _____

<u>LASTNAME</u>	<u>FIRSTNAME</u>	<u>MIDDLE</u>
-----------------	------------------	---------------

<u>SOCIALSECURITYNUMBER</u> -- --	<u>SEX</u>	<u>RACE (OPTIONAL)</u>	<u>DATEOFBIRTH</u> / /
--------------------------------------	------------	------------------------	---------------------------

<u>DRIVER'SLICENSENUMBER</u>	<u>STATEOFISSUE</u>
------------------------------	---------------------

<u>CURRENTADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>
-----------------------	-------------	--------------	------------

<u>PREVIOUSADDRESSIFAVAILABLE</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>
-----------------------------------	-------------	--------------	------------

COMMENTS: _____

<input type="checkbox"/> Statewide Criminal Search: State _____ <input type="checkbox"/> Countywide Criminal Search: County _____ <input type="checkbox"/> Nationwide Criminal Search <input type="checkbox"/> Civil Records Search <input type="checkbox"/> Bankruptcy Search <input type="checkbox"/> Motor Vehicle Report: State _____ <input type="checkbox"/> Social Security Number Search	<input type="checkbox"/> Worker's Comp. Search <input type="checkbox"/> Eviction Search <input type="checkbox"/> Education Verification <input type="checkbox"/> Employment Verification <input type="checkbox"/> Personal Reference Verification <input type="checkbox"/> Professional License Verification <input type="checkbox"/> *Credit Report (*Qualified Co.'s Only)	PLEASE SELECT DESIRED SEARCH REPORTS AND FAX THIS REQUEST TO: (305) 468-1565
--	--	--

NOTICE- if you are requesting a Georgia Statewide Criminal Search, you must have this form signed and notarized in space provided.

Notary Signature: _____ Date: _____
My Commission Expires: _____

