

## BACKGROUND AUTHORIZATION FORM

<b>Requesting Organization (Company) End User</b>	Key Biscayne Beach Club
<b>Report Purpose</b>	<input type="checkbox"/> Membership

**Authorization**

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by the Company. If hired (or contracted), 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 abovementioned 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: Background Screeners of America ("Agency"), 18344 Oxnard Street, Ste. 101, Tarzana, CA 91356, telephone number 866-570-4949, upon proper identification, to obtain copies of any report 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. The request includes the sources of information and the Agency, on Company's behalf, to provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer 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 employment requests, and one year for other purposes preceding my request (California three years). 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.wescreeenusa.com](http://www.wescreeenusa.com)

**Please complete all of the fields below:**

<b>Last Name:</b>		<b>First Name:</b>		<b>Middle Name:</b>	
<b>Social Security #:</b>		<b>Date of Birth:</b>			
<b>Email:</b> <i>(This is a required field)</i>					
<b>Current Address:</b>					
<b>Street:</b>					
<b>Apt or Unit #:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>Drivers Lic. #:</b>			<b>State Issuing:</b>		
<b>Former Name/Alias:</b>					

Upon signing this document, I acknowledge I am giving my permission for the Company to gather and release personal information and that I understand my rights as a consumer.

<b>Applicant Signature</b>		<b>Date:</b>	
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