

# AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I, the undersigned, do hereby authorize **South Georgia College**, by and through its independent contractor, **ChoicePoint**, to procure a background check, educational verification, consumer report and/or investigative consumer report on me.

These above-mentioned reports may include, but are not limited to, my driving history, including any traffic citations; a social security number verification; educational verification; present and former addresses; criminal and civil history/records; any other public record.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681et. seq.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to **South Georgia College**, by and through its independent contractor, **ChoicePoint**, including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release **South Georgia College**, its independent contractor, **ChoicePoint**, and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, by me, my heirs or others making such claim or demand on my behalf, for providing a consumer report and/or investigative consumer report hereby authorized. I understand that this Authorization/Release form shall remain in effect for the duration of my employment.

Further, I certify that the information contained on this Authorization/Release form is true and correct and that my application or certified status may be terminated based on any false, omitted or fraudulent information.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**Printed Name:** \_\_\_\_\_  
First Middle Last

**Other Names Used:** \_\_\_\_\_ **Years Used:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Date of Birth (MM/DD/YYYY):** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_ **State of Issuance:** \_\_\_\_\_

**Current Address:**

\_\_\_\_\_  
Street /P. O. Box City State Zip Code County

**Resided at the above address since:** \_\_\_\_\_ **Daytime Phone Number:** \_\_\_\_\_

**Addresses for the past seven years:**

(Use separate sheet if needed)

\_\_\_\_\_  
Street /P. O. Box City State Zip Code County Dates

\_\_\_\_\_  
Street /P. O. Box City State Zip Code County Dates

Please provide me with a copy of the report: Yes  No