



**AUTHORIZATION**

**I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company and its consumer reporting agency Shield Screening, 6810 E. 121<sup>st</sup> Street South, Bixby, OK 74008. 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, as permitted by law, 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. I authorize the sharing of reports as set forth on the Disclosure.**

In connection with my application for employment, contract or volunteer, I direct the following regarding my current employer: (please check one). Yes, my current employer may be contacted \_\_\_\_\_ / No, my current employer cannot be contacted \_\_\_\_\_

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

I authorize Company and Agency to use email communication with me to provide me with notices and information regarding any report or use of such report. If I do not have an email address or do not wish to share it, then communication will be by U.S. Mail, which will result in slower communication.

If you have any questions concerning this background screening content, please contact:  
\_\_\_\_\_ (Agency) at \_\_\_\_\_.

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

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

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

Email: \_\_\_\_\_; I do not have or want email \_\_\_\_\_ (Initial)

If "no", list mailing address: \_\_\_\_\_

For identification purposes:

Social Security No.: \_\_\_\_\_; Date of Birth: \_\_\_\_\_.

Driver's License No.: \_\_\_\_\_; State of Issue: \_\_\_\_\_.