

# Credit Bureau Report Authorization

**FROM**

NAME: \_\_\_\_\_  
DIVISION: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_

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**PERMISSION TO CHECK CREDIT**

**TO: Information service bureaus (Credit Bureaus)**

You are hereby authorized, without reservation, to release to \_\_\_\_\_, or its agents all information regarding my CREDIT records. I understand that my credit report may be used for employment purposes. I understand that this document shall be kept on file and may be used at any time during my employment to procure a credit report. I hereby agree that a photographic copy or a telephonic facsimile of this document shall be valid for all purposes present or future.

(Please Print)

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First Middle Last

Address:

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Street # Street Name City State ZIP

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_

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Signed Date

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Witness to signature Date

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Employer