OFFICE USE ONLY $	Name & Address of Property:	Client: **Account:**

BACKGROUND SEARCH RELEASE AUTHORIZATION

Please Print Clearly (All fields must be completed in order to process application)

NAME_____ PHONE# _____

ADDRESS _____ APT. _____

CITY _____STATE_____ ZIP_____

Driver's License#_____State_____

SOCIAL SECURITY # _____ _____ _____DATE OF BIRTH __/__/____

Spouse NAME _____

DL#_____State_____

Social Security #_____ _____ _____

Date of Birth_____

I voluntarily consent to and authorize TenantSafe/ApplicantSafe, herein referred to as company, and or their assigned agents, or consumer reporting agencies to request and receive any consumer reports, investigative reports, or information concerning me. Reports requested may include any of the following: Law Enforcement Records, Criminal Records, D.M.V. Records,Civil Records, Employment/Rental Verifications, Eviction Searches, Education verification and Consumer Credit Reports.
I authorize any persons, companies, corporations, consumer reporting agencies, courts of law, current or past employer to furnish company and or their assigned agents, associates or consumer reporting agencies with any or all information concerning me. I further agree to release Company and or their assigned agents, associates or consumer reporting agencies and all persons and organizations providing information from any and all claims, liability and responsibility arising out of the release of such information in connection with this research.
I understand that I have specific prescribed rights as a consumer under The Federal Fair Credit Reporting Act (FCRA) and may have additional rights under relevant specific state laws. **This authorization does not include a release of my medical information.**

The above is understood and agreed by:

_____	_____	_____
Signature	Print Name	Date
_____	_____	_____
Spouse		

RETAIN A COPY & PROCESS ON-LINE