Kroll

The Risk Consulting Company
Kroll Background America, Inc.

NOTICE, AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I, the undersigned, do hereby authorize **Forest Hills United Methodist** by and through its independent contractor, **KROLL BACKGROUND AMERICA, INC. ("KBA")**, to procure a criminal history report and/or motor vehicle history report on me. I understand that this authorization and release shall be valid for subsequent criminal history reports and/or motor vehicle history reports during my period of employment with **Forest Hills United Methodist Church** for the purpose of investigating any incidents of misconduct or criminal activity for which I am alleged to have been involved during my employment.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, and personal characteristics, discerned through employment and education verifications; personal references; personal interviews; my driving history, including any traffic citations; a social security number verification; present and former addresses; and criminal history records; any other public record.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to **Forest Hills United Methodist Church**, by and through **KBA**, including, but not limited to any and all courts, public agencies, and law enforcement agencies, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative report of which I am the subject upon my written request to **KBA**, 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.

Signature: _____ Date: _____

IDENTIFYING INFORMATION FOR REPORTING AGENCY

Printed Name:_____
First Middle Last

Other Names Used (alias, maiden, nickname)_____

YEARS USED_____

Current Address:_____
Street/P. O. Box City State Zip Code County Dates

Former Address:_____
Street/P. O. Box City State Zip Code County Dates

Social Security Number:_____ **Daytime Telephone Number:** _____

Driver's License Number:_____ **State of Issuance:**_____***Date of Birth:**_____ ***Gender**_____

*** This information will enable us to properly identify you in the event we find adverse information during the course of our background search.**

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