FIDELIFACTS

FIDELIFACTS/METROPOLITAN NEW YORK, INC.
Established 1956 Lic. NYS
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DISCLOSURE/AUTHORIZATION FORM

By this document _____discloses to you that a consumer report may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment.

This shall authorize the procurement of a consumer report by _____ as part of the pre-employment background investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for _____ to procure consumer reports at any time during my employment period.

I also authorize the procurement of an investigative consumer report and understand that it may contain information about my employment and educational background, criminal history, credit, mode of living, character and personal reputation. I understand that I have the right to obtain additional disclosure as to the nature and scope of the investigation upon written request within a reasonable period of time and to obtain a copy of the report upon request. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested

In connection with this request, I authorize all corporations, companies, former employers, supervisors, credit agencies, educational institutions, law enforcement/criminal justice agencies, city, state, county and federal courts, state motor vehicle bureaus, military services and persons to release information they may have about me to the person or company with which this form has been filed, or their agent, Fidelifacts/Metropolitan New York, Inc. I release all parties involved from any and all liability for damages arising from requesting, procuring or furnishing the requested information except with respect to a violation of the Act. I authorize Fidelifacts/Metropolitan New York Inc to receive any criminal history information pertaining to me in the files of any state or local criminal justice agency in Georgia.

I authorize the National Personnel Records Center, St. Louis MO or other custodian of my military records to release to Fidelifacts/Metropolitan New York, Inc. information or photocopies of my military personnel and related records, or only the following information/records: _____

Service # _____ Branch of Service: _____ from _____ to _____

CA, MN, OK RESIDENTS ONLY: As part of a routine background investigation, we may request a consumer credit report from Fidelifacts. If we do so and you wish Fidelifacts to send you a free copy of this consumer credit report, please check here:_____.

_____	_____	_____
Applicant's Signature	Print Name	Date

Other Name(s) Used	Social Security Number	Date of Birth	Driver ID Number	State

Current Address	City or Town	State	ZIPCODE

Previous Address	City or Town	State	ZIPCODE