

RELEASE FORM FOR CONSUMER REPORTS

In connection with my application for employment or to serve as a volunteer, intern with Detroit Area Agency on Aging, I understand investigative consumer reports which may contain public record information may be requested or made on me using the Internet Criminal History Access Tool (ICHAT) database which will include a search on the National Sex Offender Registry http://www.nsopw.gov.

These reports may include information relating to my past employment history, professional license / credentials, criminal history, driving record, social security number verification, and/or verification of education. *Information retrieved will not include a credit report.*

Further I understand that you may be requesting information from various Federal, State, local and other agencies which contain my past activities.

This release and authorization shall remain valid and in effect during the term of your employment. We reserve the right to run additional consumer reports and/or investigative consumer reports on an as needed basis.

The Agency has the right to make a request of CIC Applicant Background Checks, upon proper identification and the payment of any authorized fees, for the information in its files on me at the time of my request.

Date:	_ Authorized Signatur	re:			
First Name:	Middle	Last			
Address:	City:		ZIP Code:		
Previous Address:	City:		ZIP Code:		
All Aliases:					
Date of Birth:/	/ Soc	eial Security Nur	mber:		
river's License Number:		State issue	d:		
Professional License: State	Type	Number			
Race (check one): African AmericanA	american Indian/Alaskan	Asian	_ Pacific Islander _	Hispanic	White
Gender: Male		Female			
Signature	Γ	Oate			

Updated: March 2021