



Authorization to Release Records - Vendor

I understand and agree that a Consumer Report or Investigative Consumer Report may be prepared about me as a part of my contractual agreement. I hereby authorize Atlas Risk Management, LLC, an agent of _____, to make a thorough check of my past employment, credit, education, and activities. If an investigative Consumer Report is obtained, then "A Summary of Your Rights under the Fair Credit Reporting Act (FCRA)" will be provided to you at the time you receive this authorization. I understand that my consent will apply throughout my employment, to the extent permitted by law. I may request a copy of any report that is created for me and "A Summary of Your Rights under the Fair Credit Reporting Act (FCRA)". I may also request the nature and substance of all information about me contained in the files of the Consumer Reporting Agency (CRA). I understand that I have the right to inspect those files within a reasonable amount of time. The CRA is required to provide someone to explain the contents of my file. I understand proper identification will be required and I should direct any request to: **Atlas Risk Management, LLC 407 Pennsylvania Ave, Suite 120 Joplin, Missouri 64801 (800) 645-1211**

This is my authorization to thoroughly investigate my work and personal history. I understand the information supplied by me regarding my Employment History, Education (including authorization to release transcripts), Credit History, Criminal History, Worker's Compensation History, Medical and Professional Licensing, Motor Vehicle Records(s), Residence History, and References will be utilized as part of the processing procedure.

California, Minnesota or Oklahoma -- Are you employed in, seeking employment in or a resident of these states? ___ Yes ___ No
 If so, do you wish to receive a copy of any consumer Report of which you were a subject? ___ Yes ___ No

Maine and New York -- You have the right, upon request, to be informed of whether a Consumer Report about you was requested by the above named company.

I release and indemnify _____ and Atlas Risk Management, LLC against any liability that might result from making such background checks. I release from liability all person, companies and corporations supplying that information. A copy of this form is as valid as the original.

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

Signature of applicant or employee	Printed Name	Date Signed	

Employee/Applicant				
Last Name	First Name	Middle	Social Security Number	Date of Birth / /
Other Names (i.e. maiden, etc)			Driver's License	State

Address/History				
Street Address	City	State	Zip	How Long?
Street Address	City	State	Zip	How Long?

May be contact your current employer? Yes No not currently employed Post-hire only

Employment				
Name	City	State	Zip	How Long?
Name	City	State	Zip	How Long?
Name	City	State	Zip	How Long?

