

STILLWATER PUBLIC SCHOOLS
CONSUMER AUTHORIZATION AND RELEASE

In connection with STILLWATER PUBLIC SCHOOLS considering me for employment, continued employment, promotion or reassignment, I authorize STILLWATER PUBLIC SCHOOLS and or its agent, ACCUFAX Div., Southvest Inc. to obtain a consumer report, criminal report, or motor vehicle records which may include information on my character, general reputation, personal characteristics, and mode of living from public record sources or through personal interviews with previous employers or associates. When requested by an employer, motor vehicle records or a driving history may be obtained.

I authorize, without reservation, any person or entity contacted by STILLWATER PUBLIC SCHOOLS, or its agent, ACCUFAX Div., Southvest Inc. to furnish the above-stated information, and I release any such person or entity from any and all liability for furnishing such information. I further release STILLWATER PUBLIC SCHOOLS, its affiliated companies, their officers, employees and agents, and specifically, ACCUFAX Div., Southvest Inc., their affiliated companies, their officers, employees and agents from any liability and responsibility arising from the preparation of said report. I understand that false or misleading statements made on this authorization, or made during the employment process, will disqualify me from consideration for employment or result in my immediate discharge if employed. By my execution hereof I acknowledge I have been provided with a separate Consumer Disclosure advising me that a report will be requested and used for the purpose of evaluating me for employment, continued employment, promotion, or reassignment as an employee.

PLEASE PRINT Requested by: 421356

LEGAL NAME _____ DOB * _____ SS# _____

OTHER NAMES USED _____

CURR. ADDR. _____ DL # _____ STATE _____

CITY _____ ST _____ CO _____ ZIP _____ HOW LONG _____

PREV. ADDR. _____

CITY _____ ST _____ CO _____ ZIP _____ HOW LONG _____

PREV. ADDR. _____

CITY _____ ST _____ CO _____ ZIP _____ HOW LONG _____

* SIGNATURE _____ DATE _____

LIST ALL CITY/STATES RESIDED IN SINCE AGE 18 AND HOW LONG IN EACH CITY/STATE:

APPLICANT COMPLETE INFORMATION BELOW (MAY WE CONTACT YOUR CURRENT EMPLOYER ? Y N)

Employer _____ City/St _____ Tel _____ Dates _____ From _____ To _____

Employer _____ City/St _____ Tel _____ Dates _____ / _____

Employer _____ City/St _____ Tel _____ Dates _____ / _____

EDUCATION _____ From _____ To _____

Name _____ City/St _____ Tel _____ Dates _____ / _____

Years attended _____ Most recent Last year completed: 1 2 3 4 Degree(s) _____

Last name if different while in School _____

PLEASE PRINT

* "Date of Birth" (DOB) or "Age" will be used solely for the purpose of identification in doing background checks and will not be considered or used for any other purpose.

**STILLWATER PUBLIC SCHOOLS
CONSUMER AUTHORIZATION AND RELEASE**

CONSUMER DISCLOSURE

(FCRA-1)

In connection with **STILLWATER PUBLIC SCHOOLS** considering you for employment, continued employment, promotion or reassignment, **STILLWATER PUBLIC SCHOOLS** may obtain a consumer report on you which may include information on character, general reputation, personal characteristics, and mode of living from public record sources or personal interviews with previous employers or associates. You have the right, upon written request, to receive a written description of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

I HEREBY ACKNOWLEDGE RECEIPT:

PRINT NAME

DATE

SIGNATURE