

## DISCLOSURE CONSENT APPLICATION

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Please Print Your Full Name

SSN

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Please Print Any Other Names You Have Used

DOB

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Street Address

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City

State

Zip Code

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Driver's License #

Exp. Date

State Issued

I hereby give consent for an investigative consumer report to be prepared on me, which may include information about me obtained from Law Enforcement Agencies, State Agencies, as well as Public Records information such as credit reports, social security information, criminal history information, motor vehicle records and workers' compensation records, such as are allowed by law and in accordance with the Americans With Disabilities Act.

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Signature

Date

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Witness

Date