

**Authorization to Obtain a Consumer Credit Report and
Release of Information for Employment Purposes**

*Please complete form, including signature and date, and return to District Office.
Thank you!*

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize Central High School District of Westosha and its designated agents and representatives:

Corporate Security Solutions, Inc. P.O. Box 163032, Altamonte Springs FL 32716.

To conduct a comprehensive review of my background through an investigative consumer report to be generated for employment, promotion, assignment, reassignment or retention as an employee or chaperone. I understand the scope of the investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, _____, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation or public agency may have. I understand that I must provide my date of birth to adequately complete said screening and acknowledge that my date of birth will not affect any hiring decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish Central High School District of Westosha or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I hereby release Central High School District of Westosha and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release. You may contact me as indicated below. I understand that a copy of this authorization may be given at any time, provided I do so in writing.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's right under the FCRA will be provided to me.

Please Print Clearly

1. Full Name (First Last) _____
2. Maiden Last Name _____

3. Print All Former Names Used (A) _____
 (B) _____
4. Social Security Number (xxx-xx-xxxx) _____
5. Sex Male Female
6. Race
 Hispanic/Latino American Indian/Alaska Native Asian
 Black or African American Native Hawaiian or other Pacific Islander White
7. Date of Birth (MM/DD/YYYY) _____
8. Telephone Number (xxx-xxx-xxxx) _____
9. Alternate Phone Number (xxx-xxx-xxxx) _____
10. Current Street Address _____
11. City/State/Zip _____ / _____ / _____
12. Driver's License Number _____ State _____
13. Name on Driver's License _____
14. Have you ever been convicted of or pled guilty or "no contest" to a criminal charge?
 Yes No
15. Are you currently awaiting trial, sentencing or disposition of a criminal charge?
 Yes No
16. Have you ever been a defendant in a civil action for intentional tort(s)? (Intentional torts include, but are not limited to, battery, assault, false imprisonment, defamation, fraud, conversion)?
 Yes No

If you answered "Yes" to Question Numbers 14, 15, or 16, provide the Case Numbers, Date of Action, Disposition, Place of Occurrence and Current Status Below

Please explain. If more space is needed, add supplemental sheets.

By signing below, you are certifying that the above information is true and correct.

Signature _____

Date (MM/DD/YYYY) _____