

TENANT SCREENING RELEASE FORM

NOTICE TO APPLICANT REGARDING BACKGROUND INVESTIGATION

APPLICANT'S ACKNOWLEDGMENT AND AUTHORIZATION

By signing below, I acknowledge receipt of a "NOTICE REGARDING BACKGROUND INVESTIGATION" and "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT" and certify that I have read and understand both documents. Furthermore, I hereby authorize the obtaining of consumer reports and/or investigative consumer reports at any time, as long as I remain an employee, volunteer or tenant of Requestor, to the extent permitted by law. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university, information service bureau, employer, drug screening firm, reference, landlord, and/or its record custodian, to furnish any and all background information sought by Requestor or by ALLSTAR BACKGROUNDS, acting on Requestor's behalf. I agree that a photocopy or fax of this Authorization shall be as valid as the original.

I understand that I may contact ALLSTAR BACKGROUNDS to request a copy of any Consumer Report about me, if one is obtained by Requestor. I understand that I have the right, upon written request made within a reasonable time, to inquire about the nature and substance of the information about me contained in ALLSTAR BACKGROUNDS's files. I understand that I have the right to inspect those files during regular business hours, having given reasonable notice and provided proper identification, and that I may be accompanied by one other person. I understand that I should direct such a request to ALLSTAR BACKGROUNDS, and that ALLSTAR BACKGROUNDS is required to make available to me someone who can explain the contents of my file.

By checking this box, I inc Investigative Consumer Report				
Your Email Address:				
Signature:				
Date:				
PLEASE PRINT				
First Middle 'As it appears on your Driver's License)		Last		
Date of Birth (MM/DD/YYYY) (F	or identification pui	rposes only)		
Maiden Name/Any AKAs		Social Security Number		
Driver's License Number	mber State of Issue			
PLEASE PROVIDE 7 YEAR'S	ADDRESS HISTOR	ΥY		
Current Address	City	State	Zip	Years/Months
Name of Current Landlord	Phone		Fax	
Previous Address	City	State	Zip	Years/Months
Previous Address	City	State	Zip	Years/Months
PLEASE PROVIDE CURRENT	EMPLOYER INFO	RMATION		
Current Employer A	ddress	City	Sta	te Zip
Start Date				
Applicant: Return this complete	ed, signed " RELEA (FOR OFFICE USE		equestor	:
Requestor: Please UPLOAD the FAX to ALLSTAR BACKGROUNDS Tenant Screen Package:	nis signed " RELEAS S at 888-502-129	SE" to ALLSTAF 9		GROUNDS or