OS onesource

12 North Braddock Street
Winchester, VA 22601
Phone 540.450.2252
Fax 540.450.2254
www.OneSourceScreening.com

Disclosure / Authorization and Release Form

Disclosure:

As part of the terms of volunteering with First Presbyterian Church you are required to submit to a background search also known as a Consumer Report. Under the provisions of the FCRA (15 USC at 1681 -1681u), before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the background investigation. You are also entitled to a copy of the Federal Trade Commissions document entitled *Summary of Rights under the Fair Credit Reporting Act.*

Authorization and Release to Obtain Information:

Under the provisions of the FCRA, 15 USC, Section 1681 et seq., and all applicable federal, state and local laws, I hereby authorize and permit First Presbyterian Church to obtain a consumer report which will include the following searches:
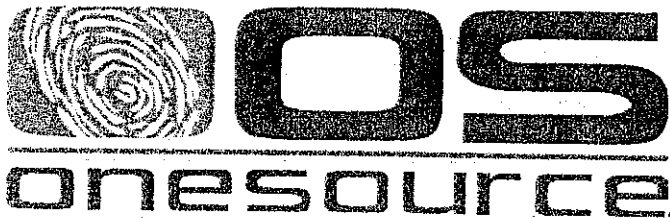
    a. Address History Search
    b. Social Security Verification
    c. County Criminal Record Search (County of Residence)
    d. Driving History Report
    e. National Criminal Search
    f. National Sex Offender Registry Search

I agree that a fax or copy of this document has the same effect as the original.

I understand and acknowledge that under the provisions of the FCRA I may request in writing a copy of any consumer report prepared by OneSource, Inc.

Full Name: _____

Signature: _____ Date: _____

OS onesource

12 North Braddock Street
Winchester, VA 22601
Phone 540.450.2252
Fax 540.450.2254
www.OneSourceScreening.com

Print All Former Names Used (maiden, aka's):

(1) _____

(2) _____

Social Security Number: _____-_____-_____ Sex: _____ Race: _____

D/O/B: _____

Current Street Address: _____

City: _____ State: _____ Zip: _____

Drivers License Number: _____

State of Issuance: _____

Print ALL Residences for the previous 7 years (City, State and Zip Only)

City: _____

State: _____ Zip: _____

City: _____

State: _____ Zip: _____

City: _____

State: _____ Zip: _____

E-mail: _____ Phone Number: _____