

# AUTHORIZATION RELEASE



BR- \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

### Specify Type of Report

Individual    Married/Joint    Additional

### Return Results By

Fax Only    Phone & Fax    Mail

background resources, inc.  
29W 110 Butterfield Rd. Ste. #105  
Warrenville, IL 60555  
[www.backgroundresources.com](http://www.backgroundresources.com)  
Phone: 888-800-9044

\_\_\_\_\_  
APPLICANT FIRST NAME

\_\_\_\_\_  
CO-APPLICANT FIRST NAME

\_\_\_\_\_  
APPLICANT LAST NAME                      M.I.

\_\_\_\_\_  
CO-APPLICANT LAST NAME                      M.I.

\_\_\_\_\_  
CURRENT STREET ADDRESS

\_\_\_\_\_  
CURRENT STREET ADDRESS

\_\_\_\_\_  
CITY                      STATE                      ZIP

\_\_\_\_\_  
CITY                      STATE                      ZIP

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
**PRIOR ADDRESS**  
(MUST SUPPLY IF LESS THAN TWO YEARS AT CURRENT ADDRESS)

\_\_\_\_\_  
**PRIOR ADDRESS**  
(MUST SUPPLY IF LESS THAN TWO YEARS AT CURRENT ADDRESS)

\_\_\_\_\_  
CURRENT STREET ADDRESS

\_\_\_\_\_  
CURRENT STREET ADDRESS

\_\_\_\_\_  
CITY                      STATE                      ZIP

\_\_\_\_\_  
CITY                      STATE                      ZIP

In connection with, and duration of my tenancy (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer, criminal, credit and other reports. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies. I authorize and consent for full release of records (either orally or in writing), without reservation to any party or agency contacted by this rental institute to furnish the above-mentioned information. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential residency, we will provide you with a copy of the consumer report and a description in writing of your rights under the Federal Fair Credit Reporting Act.

APPLICANT SIGNATURE: \_\_\_\_\_

CO-APPLICANT SIGNATURE: \_\_\_\_\_