Consumer Reports Release / Order Form

In connection with my application for employment (including contract for services) or for consideration for placement as a student teacher with Guilford County Schools, I understand that consumer or investigative consumer reports which may contain public record information, may be requested or made on me including consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims and others. Further I understand that you will be requesting information from various Federal, State and Local agencies regarding my past activities. I also understand that the information below regarding sex, race and date of birth is requested for the sole purpose of gathering the above information correctly, and will not be used to discriminate against me in violation of any law.

I hereby authorize without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I understand I have the right to make a request of the Consumer Reporting Agency, upon proper identification and the payment of any authorized fees, the information in its files on me at the time of my request. I further authorize ongoing procurement of the above-mentioned reports at any time during my employment (or contract).

FOR IDENTIFICATION PURPOSES: PLEASE PRINT INFORMATION CLEARLY IN UPPER CASE

Last: _____ First: _____

Middle: _____ Other: Maiden, Aliases, etc. _____

Date of Birth: Month: _____ Day: _____ Year: _____ Race: _____ Gender: _____

Social Security #: _____ - _____ - _____ Drivers License #: _____ State: _____

LIST ALL ADDRESSES FOR THE PAST SEVEN (7) YEARS STARTING WITH THE MOST CURRENT:

	Street	City	State	Zip	Dates (MM/YEAR)
1.					From: _____ To: _____
2.					From: _____ To: _____
3.					From: _____ To: _____
4.					From: _____ To: _____
5.					From: _____ To: _____

Signature _____ **Date:** _____

REQUESTOR: **GCS001** DEPT. **COUNTY CHARGES are PER NAME**

COUNTY CRIMINAL RECORD SEARCH FOR THE FOLLOWING AREAS:

1) $_____, 2) $_____, 3) $_____, 4) $_____, 5) $_____

COST: $3.00 PLUS $12 per County in ALL States with the exception of: SD Counties @ $30. ALL NY areas = 1x $58

Fax to: B.I.B. @ 1-888-362-3211 ***(Add Lines 1-5 PLUS $3.00)*** TOTAL AMOUNT DUE: $_____.____

Please remember that criminal records are name sensitive. Maiden & Alias names are treated as a separate searches.

Acceptable forms of payment: *Visa / MC / Discover* (Fax in Credit Card Form with this Search Request), or *Money Order* MAILED to: **BIB, 9710 Northcross Ctr. Court, Huntersville, NC 28078**