

SAMPLE AUTHORIZATION FORM

(Client letterhead)

ACKNOWLEDGMENT AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION, A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT, AND RIGHT TO OBTAIN MORE INFORMATION REGARDING INVESTIGATIVE CONSUMER REPORTS. I certify that I have read and understand those documents. I hereby authorize the obtaining of "consumer reports" by _____ ("Your Company's Name") at any time during the hiring process and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company or other party to furnish any and all background information requested by **Blue Line Investigations, Inc., 6025 Stage Road, Suite 42-146, Bartlett, TN 38134, (901) 266-7100.**

State of Washington applicants and employees only: If the Company requests an investigative consumer report from a consumer reporting agency, you have the right to receive a complete and accurate disclosure of the nature and scope of the investigation requested by Company. You also have the right to request from the Agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Massachusetts and New Jersey applicants and employees only: You have the right to inspect and promptly receive a copy of any investigative consumer report requested by the Company by contacting the Agency identified above directly.

New York applicants and employees only: You have the right, upon request, to be informed of whether or not a consumer report was requested from a consumer reporting agency by contacting the Agency. If a consumer report is requested, you will again be provided with the name and address of the consumer reporting agency furnishing the report. You may also inspect and receive a copy of the report by contacting the Agency with the contact information above. By signing below, you also acknowledge receipt of Article 23-A of the NY Correction Law.

Minnesota applicants and employees only: You have the right, upon written request to the Agency, to receive a complete and accurate disclosure of the nature and scope of any consumer report. The Agency must make this disclosure within five days of receipt of your request or of Company's request for the report, whichever is later. Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

Oklahoma applicants and employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants and employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Signature: _____

Date: _____

Print Name: _____

Mailing Address: _____

Phone number: _____

Date of Birth: _____