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### BACKGROUND CHECK AUTHORIZATION FORM

I hereby authorize the obtaining of a Consumer Report/Investigative Consumer Report at any time following receipt of this Authorization, and throughout the length of my employment with Integrity Consulting to the extent permitted by law until I withdraw my authorization in writing. To this end, I hereby authorize any law enforcement agency at the local, state, federal or international level, educational institution, employer, information service bureau, Integrity Consulting, corporation or government agency to furnish any and all information requested by Info Cubic, LLC, 9250 E. Costilla Ave, Suite 525, Greenwood Village, CO 80112, 1-877-360-4636, another organization acting on behalf of the Integrity Consulting and/or the Integrity Consulting itself for the purposes of preparing the Consumer Report.

I acknowledge receipt of the BACKGROUND CHECK DISCLOSURE and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of these documents. I agree that a facsimile (fax), electronic or photographic copy of this Authorization shall be valid as the original.

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

*California applicants or 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 or consumer credit report if one is obtained by the Integrity Consulting at no charge whenever you have a right to receive such a copy under California law.*

*New York applicants or employees only: You have the right, upon request, to be informed of whether a consumer report about you was requested by the above-named Integrity Consulting. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.*

*Washington State applicants or employees only: You also have the right to request a copy of your rights under the Washington Fair Credit Reporting Act.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following is for identification purposes only to perform the background check and will not be used for any other purpose.

PLEASE PRINT LEGIBLY:

\_\_\_\_\_  
Print Full Name (First Middle Last) Previous Name(s) Known By

\_\_\_\_\_  
Social Security Number Email Address

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth (MM/DD/YYYY) (For Background Purposes Only)

\_\_\_\_\_  
Driver License Number State

\_\_\_\_\_  
Current Address (\_\_\_\_\_) Phone

\_\_\_\_\_  
City State ZIP/Postal Code



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