



## FCRA Disclosure and Authorization Statement

**Printed Name of Applicant:** \_\_\_\_\_ \*

**Maiden Name: (If applicable)** \_\_\_\_\_ \*

**Street Address:** \_\_\_\_\_ \*

**City:** \_\_\_\_\_ \* **State:** \_\_\_\_\_ \* **Zip Code:** \_\_\_\_\_ \*

**Drivers License Number and State** \_\_\_\_\_ \*

*Please read carefully before signing below.*

For the purpose of evaluating my application for employment or as a volunteer, I understand Trinity United Methodist Church. may provide a report or investigative report concerning my prior employment, general reputation, personal characteristics, criminal background record, or driving record.

I understand that upon written request to Trinity United Methodist Church., I will be informed whether an investigative report was requested, and given full information as to the nature and scope of this investigation (I understand that an investigative report is a report in which information concerning my character, general reputation, or personal characteristics is obtained through interviews with references or associates with whom I am acquainted.)

By signing below, I am authorizing Trinity United Methodist Church. to obtain an investigative report on me as part of the screening process for employment or temporary assignment. During the period in which I retain employment or assignment, I further authorize Trinity United Methodist Church. to obtain additional investigative reports on me to evaluate my trustworthiness and reliability for purposes of determining continued access authorization.

By signing below, I also acknowledge that Trinity United Methodist Church will provide me with a summary of my rights under the federal Fair Credit Reporting Act if requested.

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*This information on this form will be used solely for the purpose of identifying or eliminating possible records revealed during the background review and will not be used in any way in making an employment or assignment decision.*

**Signature of Applicant:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

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**Client References # 6293 Trinity United Methodist Church**

**Fax Number 1-888-777-9436**

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**Please remove Social Security Number and Date of Birth after background check has been completed and shred.**

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \***Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \*