



Release and Disclosure Authorization for Credit Reports

In connection with the Pre-Qualification packet received in order to be a subcontractor for Foothills Commercial Builders (FCBI), I, in my capacity as an individual (if I perform work as an individual), or as an agent for the organization named below understand and acknowledge that as directed by FCBI, a consumer report (including credit report) or investigative consumer report may be compiled on me, in the capacity as an individual (if I perform work as an individual) or the organization named below. This report may include information as to my character (if performing work as an individual and not an organization), personal characteristics (if performing work as an individual and not an organization), mode of living (if performing work as an individual and not an organization), general reputation, criminal history, credit and indebtedness, academic credentials (if performing work as an individual and not an organization), employment history, work habits, job performance, experience and reasons for termination, education (if performing work as an individual and not an organization), qualifications and motor vehicle driving record. This report may contain information from various public and private sources including corporations, law enforcement agencies at the federal, state or county level, credit bureaus, courts record repositories, departments of motor vehicles, past or present employers, educational institutions, governmental occupational licensing or registration entities, business or personal references and any other source required to verify information that I have voluntarily supplied.

I understand that I have the right to request additional disclosures as to the nature and scope of the investigative consumer report. According to the Fair Credit Reporting Act, I am entitled to know if work is denied because of information obtained from a consumer-reporting agency. If denied, I will be notified and provided with the name and address of the consumer-reporting agency.

By signing below, I hereby authorize, empower and release from all liability, without reservation, any party or agency contacted by Kroll Factual Data to furnish the above mentioned information. I further authorize ongoing procurement of the above-mentioned reports at any time during my contract. I agree that a fax or photocopy of this authorization is to be considered and accepted with the same authority as the original.

PRINT:

Organization Name: _____

First Name: _____ Last Name: _____ M.I. _____

Other Name(s) Used: _____

Date(s) You Stopped Using Other Name(s): _____

Current Address: _____

City: _____ State: _____ County: _____ Zip: _____

Date of Birth: _____ Social Security Number: _____

Signature: _____ Date: _____