

AUTHORIZATION FOR RELEASE OF INFORMATION FOR INVESTIGATIVE CONSUMER REPORT

PRIVACY ACT STATEMENT

In compliance with the Privacy Act of 1974, the following information is provided: Basic authority for collecting the requested information is contained in E.O. 12450:5 USC 1303-1305; 42 USC 2165 and 2455: 22 USC 2585 and 2519: and 5 USC 3301. This form will be furnished to individuals and organizations for the purpose of obtaining information from them about you and your activities in connection with an official background investigation concerning: (1) fitness for employment, (2) clearance to academic program, (3) security clearance or access to sensitive materials, or (4) any other legitimate purpose within the scope of employment responsibilities. Furnishing the requested information is voluntary, but failure to provide all or part of the information may result in a lack of further consideration for enrollment, clearance or access, or in the termination of your academic enrollment.

Name of College: _____ **Program/Department:** _____

In relation to my academic enrollment/participation, I authorize Surveillance, Resources and Investigations, LLC (SR&I, LLC) to construct an investigative consumer report with information pertaining to my background, reputation or disposition, including, but certainly not limited to, facts involving my employment, education, social security number authentication, driving record, consumer credit history, criminal record history and/or additional public records history. I authorize all parties to release all information applicable to this investigation. I release from liability all persons, governmental agencies, as well as other companies and agencies disclosing any and all information. In addition, I authorize that photocopies of this form may be considered as an original.

I have read, comprehended and authorize, any person, company or other entity contacted by Surveillance, Resources and Investigations, LLC (SR&I, LLC), to provide the information stated above.

THIS FORM WILL NOT BE ACCEPTED IF ILLEGIBLE, ALTERED OR INCOMPLETE.

Signature Social Security # Driver's License # DL State

Print Last Name First Name Middle Name Maiden/other

Current Street Address From Date Present To Date

City State Zip County of Residence

HAVE YOU RESIDED WITHIN SOUTH CAROLINA FOR 12 MONTHS? YES / NO
HAVE YOU RESIDED WITHIN TWO DIFFERENT STATES WITHIN THE LAST 12 MONTHS? YES / NO
HAVE YOU WORKED WITHIN TWO DIFFERENT STATES WITHIN THE LAST 12 MONTHS? YES / NO

IF YES, LIST STATES: _____

Prior Addresses for Past Ten Years (attach additional pages if need)

City State County Dates: From To
City State County Dates: From To

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN MINOR TRAFFIC VIOLATION? YES / NO

*This information will only be used to complete the background check process and help avoid misidentification.

Date of Birth: ___/___/___ Gender (M or F): _____

Please send signed form to: **SR&I, LLC.**
P. O. Box 5106, Greenville, SC. 29606 or Via Fax: 864-232-4140