



In connection with this request, I \_\_\_\_\_  
 (Print full name)

authorize all entities and persons, including corporations, companies, former employers, credit reporting agencies, educational institutions, law enforcement agencies, city, state, county and federal courts, and military services to release information they may have about me to Kohn & Company, Inc. d/b/a Graymark Security Group and any representative of University Credit Union.

I release all parties involved from any claim I might have arising from any verbal or written inquiries and/or verbal or written responses, including defamation and invasion of privacy.

I also authorize the procurement of an investigative consumer report and fingerprint check. I understand that these reports may contain information about my background, mode of living, character, and personal reputation.

This authorization, in original or copy form, shall be valid for this and future reports or updates that may be requested.

The following information is used for identification and statistical purposes. It is not used in any manner considered discriminatory under EEOC guidelines.

**PRINT ALL REQUESTED INFORMATION**

**Cost Center #:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
 LAST FIRST MI MAIDEN

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ **RACE:** \_\_\_\_\_ **SEX:** \_\_\_\_\_

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 STREET ADDRESS TELEPHONE

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 CITY STATE ZIP CODE

**Please provide previous addresses for the past seven (7) years:**

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 STREET ADDRESS CITY STATE ZIP

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 STREET ADDRESS CITY STATE ZIP

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 STREET ADDRESS CITY STATE ZIP

**DRIVER'S LICENSE:** \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 NUMBER STATE EXP. DATE

**IF EMPLOYMENT VERIFICATION IS REQUESTED, MAY WE CONTACT YOUR CURRENT EMPLOYER?**  YES  NO



## Release and Authorization Statement

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(Print full name)

authorize all entities and persons, including corporations, companies, former employers, credit reporting agencies, educational institutions, law enforcement agencies, city, state, county and federal courts, and military services to release information they may have about me to any representative of University Credit Union.

I release all parties involved from any claim I might have arising from any verbal or written inquiries and/or verbal or written responses, including defamation and invasion of privacy.

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This authorization, in original or copy form, shall be valid for this and future reports or updates that may be requested.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

\_\_\_\_-\_\_\_\_-\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number