

AUTHORIZATION FOR BACKGROUND INVESTIGATION

By signing below, you authorize the obtaining of investigative consumer reports by the Landlord/Property Manager at any time after receipt of this authorization. To this end, you authorize any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish all background information requested about you by National Crime Search, LLC and/or the Landlord/Property Manager.

You understand that the scope of your authorization is not limited to the present and, if you are accepted, will continue throughout the course of your residency and allow the Landlord/Property Manager to conduct future screenings for retention, as permitted by law and unless revoked by you in writing*.

Print Full Legal Name:	
Other or Former Names lease	
Date of Birth**:	
Social Security Number:	
Address:	
City	
County	
State:	
Zi Code:	
Driver's License number:	
State License issued:	
Name on License (if different than legal name:	
Email Address:	
Phone Number:	
Si nature:	
Date:	

*To perform a Statewide search, the GCIC requires the applicant to have signed the authorization form. The signed form is valid until the end of residency.