

ID INFORMATION DIRECT

Please Return Fax To (800) 707 - 2449 / Or Call Toll Free (800) 404 - 4677

Applicant Notification / Release of Information

The purpose of this form is to notify you that a Consumer Report and/or an Investigative Consumer Report will be conducted on you in the course of consideration for employment. I hereby authorize your company or any agent of your company to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts and military services to release information about my background including, but not limited to, information about my employment, education, consumer credit history, driving record, criminal record, and general public records history to the person or company with which this form has been filed. This releases the aforesaid parties from any liability and responsibility for collecting the above information. This release shall remain in effect for the length of my employment. I understand I have the right to obtain a free copy of this consumer report if; (1) Any adverse action/decision is made based on the information in the consumer report, & (2) If the request is made in writing within 60 days of the adverse action. If an Investigative consumer Report is conducted, I will be notified in writing with in three days from request of said report. I Believe to the best of my knowledge that all information I have provided is accurate true and correct and that I fully understand the terms of this release.

Please write clearly in Black Ink only. **Batch/Order No.....**

Name (Last) _____ (First) _____ (Middle) _____

List Any other name used in the last 7 years _____

Date of birth ____/____/____ Social Security Number ____-____-____

Drivers License # _____ State _____ Phone # (Day) (____) ____-____

Professional License Held _____ State _____ Lic.# _____

List your current Mailing address as well as any other cities or towns you have lived in the past 7 years.

Street or PO# _____ City _____ State _____ Zip _____

City _____ State _____ Zip _____ Dates ____/____ to ____/____

City _____ State _____ Zip _____ Dates ____/____ to ____/____

City _____ State _____ Zip _____ Dates ____/____ to ____/____

City _____ State _____ Zip _____ Dates ____/____ to ____/____

Your Signature _____ Today's Date ____/____/____

California residents initial here if you wish a free copy of this report mailed to the address you supplied above _____

*****APPLICANT – DO NOT WRITE BELOW THIS LINE*****

FAX TO: (800) 707-2449

TO BE FILLED OUT BY COMPANY REQUESTING INFORMATION:

Company Name: _____ Manhattan College _____ PO/Location # _____

Return Info To: _____ Megan McGowan _____ Via Fax # (718) 862-7942 or e-mail _____ mmcgowan01
_____ @manhattan.edu

_____ Please start our standard background check (ignore boxes below)
Or select from the following:

Criminal History Civil History Credit Report Social Security Verification Driving Report Education/Degree Verification
 Reference Check National Wants & Warrants Professional License Verification Previous Employer Verification O.I.G name search
 Urine Based Drug Test Saliva Based Drug Test Workmans Compensation

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