



Carolina Investigative Research, Inc.

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 or promotion. This report may include information relating to your character, general reputation, personal characteristics, or mode of living, and is being provided by Carolina Investigative Research, Inc., 106 D Fountain Brook Circle, Cary, NC 27511 – Phone 919-460-7799. 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. 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.

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) (____) _____ - _____

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 ____/____

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

*****APPLICANT – Please Complete the following payment information*****

FAX TO: (919) 460-5338

Credit Card Number: _____ Expiration Date # _____

Type: Visa Master Card American Express Discover

Name as it appears on the card: _____

Address: _____

How would you like your report returned? Fax: _____

Email: _____

Please provide fax # or email address in the space provided. If nothing is specified the report will be mailed to the current address provided above.

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