

BLUE LINE INVESTIGATIONS

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"Investigating Their Past to Secure Your Future"

Disclosure & Authorization

Disclosure Regarding Consumer and/or Investigative Report

The **employer/company**, _____, (henceforth known as "employer") may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report and/or investigative report". Such consumer report may include information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The scope of the consumer/investigative report may include but is not limited to, the following areas: criminal history records, sex offender's list, abuse registry, wants and warrants records, motor vehicle records, educational/employment verification, license verification, credit history, social security verification, civil cases, worker's compensation claims, OIG/GSA, OFAC/patriots act, any sanction list, FBI fingerprinting and drug testing. The employer, may obtain consumer reports and investigative reports now and throughout the course of your employment. You have the right upon written request to receive a copy of your consumer report(s). If an "investigative report" has been obtained, you also have the right to a description of the nature and scope of the investigation.

Acknowledgment and Authorization for Background Check

By signing below, I acknowledge receipt of the "Disclosure Regarding Consumer and/or Investigative Report". I also certify that I have received a copy of "A Summary of Your Rights under the Fair Credit Reporting Act".

I understand by signing below, that I am authorizing Blue Line Investigations, 6025 Stage Road, Bartlett TN 38134 (901) 266-7100, www.bluelineinvestigations.net and/or its Agents to obtain any and all consumer reports as listed in the above "Disclosure". Said consumer reports shall be made for the purpose of employment, promotion, reassignment or retention as an employee. I authorize any law enforcement agency, administrator, local, state or federal agency, institution, school or university, information service bureau or employer to furnish any and all background information requested by Blue Line Investigations. I hereby agree that a telephonic facsimile (fax) or photographic copy of this document shall be valid as an original.

California, Minnesota and Oklahoma Applicants: please mark this box to have a copy of your consumer report mailed to you.

PLEASE PRINT AND WRITE LEGIBLY WITH BLACK INK ONLY

Name: _____ Date of Birth: ____/____/____

Signing Date: ____/____/____

Signature: _____

**PLEASE RETAIN
FOR YOUR RECORDS**

*This form is not meant to provide legal advice of any kind; legal advice should be sought from your legal counsel.
Blue Line Investigations does not guarantee the legal appropriateness of this document.*