

NATIONAL BACKGROUND INVESTIGATIONS, INC.
P.O. Box 966, Stevensville, MD 21666
Telephone No: 410-604-2430 / Facsimile No: 410-604-2496

APPLICANT RELEASE AND AUTHORIZATION FORM
Authorization to Obtain a Consumer Credit Report and
Release of Information for Employment Purposes
Credit History Background Check Addendum

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize Aurora University and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for the purpose of determining my eligibility for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative credit history consumer report may include, but is not limited to, the following areas: credit history, including past borrowing and repaying behavior, including paying bills on time and managing debt and other financial obligations.

I understand that a Credit Background Check may be done on positions involving bonding or security per state or federal law, unsupervised access to more than \$2,500; signatory power over business assets of more than \$100; management and control of the business; access to personal, financial or confidential information, trade secrets, or state or national information. (Illinois Employee Credit Privacy Act, Public Act 096-1426)

I, _____, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation or public agency may have. I understand that I must provide my date of birth to adequately complete said screening and understand that my date of birth will not affect any employment decisions. I hereby authorize and request any present or former employer, police department, credit agency, to furnish Aurora University or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I understand that a photocopy of this Authorization and Release form will be valid as an original thereof, even though the photocopy does not contain an original signature or is transmitted via e-mail or facsimile..

I hereby release Aurora University and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively, from any and all claims, damages, losses, liability, costs, expenses or any other charge or complaint filed with any agency or court arising from this release or from the retrieval or reporting of the information that is the subject of this release. You may contact me as indicated below.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's right will be provided to me. I also understand that I may obtain a copy of the consumer report generated as a result of this Authorization by making a request in writing for a copy of that report.

I have read and understand the contents of this Authorization and Release, and I affirm that the information set forth on the attached form is true and accurate as indicated by my signatures below and on the attached form.

Signature: _____ Date: _____

Witnessed by: _____ Date: _____