

CONSUMER REPORT ACKNOWLEDGMENT AND AUTHORIZATION

ACKNOWLEDGMENT AND AUTHORIZATION FOR CONSUMER REPORT

I acknowledge receipt of the separate documents entitled DISCLOSURE FOR CONSUMER REPORT and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by Aldranon A. English & Associates, LLC (“Employer/End User Company”) at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, 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 any and all background information requested by Aldranon A. English & Associates, LLC., 3500 Lenox Road, Suite 1500, Atlanta, Georgia 30326, 1-800-605-8542, www.aaeassocs.com and/or [Employer/End User Company]. The scope of this authorization is all-encompassing allowing the Company to obtain from any outside organization all manner of consumer reports for the purpose of employment to the extent permitted by law.

I understand that my signature now and throughout this process will be binding. Additionally, notices, documents, and communications may be provided electronically and will meet the requirements set forth under Federal and/or State law, as permitted by law. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

____ Minnesota and Oklahoma applicants only: Please indicate on the line to the left with your initials if you would like to receive a free copy of your consumer report if one is obtained by the Company.

____ New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

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____ New York City applicants only: By signing this form, you further authorize the Company to provide you with a copy of your consumer report, the New York City Fair Chance Act Notice form, and any other documents, to the extent required by law, at the mailing address and/or email address you provide to the Company.

____ Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.

____ Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

By signing below, I acknowledge receipt of this Acknowledgment and Authorization for Consumer Report and certify that I have read and understand this document.

Signature: _____ Date: _____