**DISCLOSURE and AUTHORIZATION – BACKGROUND INVESTIGATION**  
  
In connection with my application for enrollment with **Abundant Hope Ministries** I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand that a “consumer report” and/or “investigative consumer report”, as defined by the Fair Credit Reporting Act will be requested by Client for enrollment or volunteer purposes, whichever is applicable. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker’s compensation (only after a conditional job offer) or other background checks.  
**Acknowledgement and Authorization**  
  
By signing below, I voluntarily and knowingly authorize Client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me.  I acknowledge receipt of a copy of *A Summary of Your Rights under the Fair Credit Reporting Act* and certify that I have read this Disclosure and Authorization as well as the summary explaining my rights under the Fair Credit Reporting Act.  
  
LAST NAME                                     FIRST NAME

MIDDLE NAME                 \_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS (Must be residential address not jail) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
CITY                                      COUNTY                              STATE               ZIP\_\_\_\_\_\_\_\_  
  
SSN

D/L or STATE ID                                       STATE ISSUED                                      
  
EMAIL ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
For identification purposes only, please provide FULL DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
For identification purposes only, please provide ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Please List Other Names Used \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_