

## The Safe Schools Project

Safe Advantage Services

Cooperative Educational Service Agency No. 6 Account Number: 77806H

## CONSENT TO PERFORM INVESTIGATIVE CONSUMER REPORT IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)

Last Name	First Name	:	Middle Name	or Initial			
Maiden or other name	e(s) used in any and all other records	s of birth or records of	residence.				
* Address		Apartment or #					
City	County	State	Zip				
** Date of Birth	Social Security Number	**Gender	**Race				
**TO BE USED FO In connection with my ap been advised and I hereb investigative consumer r references; personal inter form or during the applic challenge any negative in and any reporting agency am entitled to know if er name, address, and phor opportunity to clear up ar Fair Credit Reporting Act as the nature, substance ar  The following are my  1YESNC	HE ORIGINAL APPLICATION OF CRIMINAL HISTORY CHEC'S oplication for employment, my continued early consent and authorize the Employer and report that may include, but are not limit views; my personal credit history; and drivication process in performing the investigat formation that would adversely impact a dear Employer uses with regard to any information ployment is denied because of information are number of the agency which provided my mistaken information reported within a total that the provided of th	employment, or in connect its agent, at any time dur- ted to, a criminal record- ing record. I do hereby con- tive consumer report. Emp- cision to offer employmen- ation reported by the repor- no obtained from a consum- the information. In add reasonable time frame est ill be provided the name, at that facsimile, copy or en- timinal history (if any).	ion with my desire to engaging or subsequent to my approcheck, employment and expensent to Employer's use of a poloyer has informed me that it. I agree to release, indemniting agency. According to the reporting agency. If so, ition, I have been informed ablished within the sole discideress and telephone number and shall be as valid as the or	ge in volunteer activities, I have plication process, to conduct and ducation verifications, personal my information provided on this. I have the right to review and if yand hold harmless Employethe Fair Credit Reporting Act, I will be notified and given the idea of the interval of the reporting agency as well riginal.			
State:	County:	Date	of Offense: /	/			
Details of conviction:	:						
2YESNo offense? If yes, please provide	O Have you ever-received deferred details below.	d adjudication or simi	lar disposition for any	federal, state or municipa			
State:	County:	Date	of Offense:				
Details of offense:							

State:	County:	Date of	f Offense:
Details of supervision:			
-			
4YESNO I the United States? If y			ense in a country outside the jurisdiction
Country:	City:	Date of	f Offense:
Details of conviction:			
5YESNO A If yes, please provide deta		onsent form, do you have an	y pending charges against you?
State:	County:	Date of	f Arrest
Details of pending charge	es:		
THIS SECTION IS TO SCHOOL GRADUAT CITY/TOWN		ALL COUNTIES AND ST.  COUNTY	ATES OF RESIDENCE SINCE HIGH STATE
CORRECT AND C INCOMPLETE, I UN	COMPLETE. IF NDERSTAND THAT	ANY INFORMATION GROUNDS FOR CANCI	PROVES TO BE INCORRECT
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