

Asheboro City Schools

1126 South Park Street, Asheboro, NC 27203
336-625-5104 (phone) 336-625-9238 (fax)

The following states require a signature of this release form:
Georgia, Mississippi, New Hampshire, New Mexico, Wisconsin, West Virginia

International background checks also require this release form.

Consumer Reports Release

In connection with my application for employment (including contract for services), I understand that consumer or investigative consumer reports which may contain public record information, may be requested or made on me including consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims and others. These reports will include experience along with reasons for termination of past employment. Further I understand that you will be requesting information from various Federal, State and Local agencies regarding my past activities. I also understand that the information below regarding sex, race and date of birth is requested for the sole purpose of gathering the above information correctly, and will not be used to discriminate against me in violation of any law.

I hereby authorize without reservation, any party or agency to furnish the above-mentioned information.

I understand I have the right to make a request of the Consumer Reporting Agency, upon proper identification and the payment of any authorized fees, the information in its files on me at the time of my request. I further authorize ongoing procurement of the above-mentioned reports at any time during my employment (or contract).

FOR IDENTIFICATION PURPOSES: PLEASE PRINT ALL INFORMATION CLEARLY

Last Name: _____ First Name: _____
Middle: _____ Other Names Maiden, Aliases, etc. _____
Date of Birth: Month: _____ Day: _____ Year: _____ Race: _____ Sex: _____
Social Security #: _____ - _____ Drivers License #: _____ State: _____

LIST ALL ADDRESSES IN THE ABOVE NAMED STATES AND ANY RESIDENCES OUTSIDE OF THE UNITED STATES STARTING WITH THE MOST CURRENT:

	<u>Street</u>	<u>City</u>	<u>State/Country</u>	<u>Zip</u>	<u>Dates</u>	(Month/Year)
1.	_____	_____	_____	_____	From: _____ To: _____	
2.	_____	_____	_____	_____	From: _____ To: _____	
3.	_____	_____	_____	_____	From: _____ To: _____	
4.	_____	_____	_____	_____	From: _____ To: _____	
5.	_____	_____	_____	_____	From: _____ To: _____	

Employee's Mother's Maiden Name: _____

Signature: _____ Date: _____