

FAIR CREDIT REPORTING ACT

AUTHORIZATION TO OBTAIN CONSUMER REPORT

I hereby authorize **Dr. 's Name or Practice Name** to obtain a consumer report (including, but not limited to, a credit report) concerning me. It is my understanding that the **Practice Name** will use this consumer report for employment purposes and in conjunction with either my application for employment and/or decisions concerning my employment status with this **Practice Name**.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ THIS AUTHORIZATION AND THAT YOU HAVE AUTHORIZED THE PROCUREMENT OF THE CONSUMER REPORT DISCUSSED ABOVE.

Name of Applicant/Employee

Signature of Applicant/Employee

Signature of Witness

Date: _____