

**AUTHORIZATION AND ACKNOWLEDGMENT REGARDING BACKGROUND INVESTIGATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION, "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT", "ADDITIONAL STATE LAW NOTICES" and certify that I have read and understand those documents. I hereby authorize Rocky Mount Preparatory ("the Company") to obtain "investigative consumer reports" about me at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, military branch, institution, school or university (public or private), information service bureau, past or present employer or supervisor, private business, insurance company or personal reference, and/or other persons to furnish any and all background information requested by BIB, additional third-party organizations acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax") or photographic copy or digital copy of this Authorization shall be as valid as the original.

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

Print Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Personal Identifying Information Needed For Background Check** - To facilitate a background check on you, please complete the information below and include all past or current names used (e.g., maiden, surname, alias).

Last Name		First	Middle
Last Name		First	Middle
Last Name		First	Middle
Home Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date of Birth	Social Security No.		Gender Race
Drivers License Number		State Issued	Expires