

COMPLETED DOCUMENT For H.O.N.O.R.

Investigation Services of Central Florida, Inc.

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Lic. # A2300120

SCHEDULE D

AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT.

(PLEASE PRINT OR TYPE)

I, the undersigned consumer, do hereby authorize, "Helping Our Needy Ones Respectfully, Inc, located at 3032 Westmoreland Dr., Lakeland, Fl. 33810, herein after known as H.O.N.O.R., by and through its independent contractor, "Investigation Services of Central Florida, Inc. (ISCF), to procure a consumer report and/or investigative consumer report on me.

These above-mentioned reports mat include, but are not limited to, information as to my character, general reputation, personal characteristics and mode of living, discerned through employment, and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations, a social security number verification; present and former addresses; criminal and civil history/records; any other public record.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to ISCF, if such is made within a reasonable time after the date hereof. I also understand that I may receive a wriiten summary of my rights under 15 U.S.C. 1681 et.seq.

I further authorize any person, business entity or government agency who may have information relevant to the above to disclose the same to H.O.N.O.R., by and through ISCF, including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such persons, business entity, or government agency compiled the information itself or received it from other sources.

I hereby release H.O.N.O.R., ISCF and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, by me, my heirs or others making such claims or demand on my behalf, for providing a consumer report and/or investigative consumer report hereby authorized. I understand that this Authorization/Release form shall remain in effect for the duration of my employment/volunteerism with H.O.N.O.R.

Further, I certify that the information contained on this Authorization/Release form is true and correct and that my application on employment/volunteerism may be terminated based on any false, omitted or fraudulent information.

Signature: _____

Printed Name: _____ Date: _____

First Middle Last

Current Address:

Street /P.O. Boxx City State Zip Code County Dates

Former Address:

Street /P.O. Boxx City State Zip Code County Dates

Former Address:

Street /P.O. Boxx City State Zip Code County Dates

Social Security Number: _____ Daytime Telephone Number: _____

Driver's License Number: _____ State of Issuance: _____ Date of Birth: _____ Gender _____

- Have you ever been convicted of a crime or convicted in a military court martial? Yes___ No ___
Have you ever been sanctioned or had your license suspended or revoked? Yes___ No ___
Are you currently under any investigation or pending charge? Yes___ No ___

If you marked yes on any of the above, give an explanation with dates and place of incident _____