

FAIR CREDIT REPORTING ACT DISCLOSURE AND AUTHORIZATION

Please read carefully before signing below

Samford University may choose to secure and use information contained in a consumer report about me obtained from a consumer reporting agency when: (1) considering my application for employment; (2) deciding whether to offer me employment; (3) deciding whether to continue my employment (if I am hired); or (4) making other employment-related decisions directly affecting me. A consumer report may include information as to, among other things, my character, general reputation, personal characteristics, mode of living, work habits, performance, experience, past employment (including reasons for termination), professional license or credentials, or credit/criminal/civil/driving record history.

I fully give my consent to and hereby authorize the procurement and use of a consumer report by Samford University for employment purposes as described above. I further hereby authorize, without reservation, any law enforcement agency, information service bureau, school, employer, insurance company, or other individual or entity contacted by the consumer reporting agency to furnish the information described above.

I understand that, pursuant to the Fair Credit Reporting Act ("FCRA"), if Samford University obtains a consumer report about me, and if it considers any information in the consumer report when making an employment-related decision that directly and adversely affects me, I will be provided with a copy of the consumer report before the decision is finalized, as well as a written summary of my rights under the FCRA. I also understand that I may contact the Federal Trade Commission about my rights under the FCRA. Notwithstanding anything else in this document, I understand that Samford University reserves the ability to avail itself of any rights set forth in any applicable, federal, state, or local law, including the FCRA, as amended by the Fair and Accurate Credit Transactions Act (the "FACT Act").

This authorization shall remain in effect until the end of my employment relationship with Samford University, and shall be valid, whether in original, copy or facsimile form.

I certify that the information contained within this authorization is complete and true. I have read this authorization, understand its terms, realize its significance, and sign it voluntarily.

Signature: _____ Date: _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY BIOGRAPHICAL DATA
(Please Print)

Legal Last Name	Legal First Name	Legal Middle/Maiden Name		
Other Names Used (alias, nickname)	Years Used	Gender	Social Security Number	
Current Street Address	City	County	State	Zip Code
Previous Street Address	City	County	State	Zip Code
Previous Street Address	City	County	State	Zip Code
Daytime Phone Number	DOB (Used for ID only)	Driver's License Number	State of Issuance	

EDUCATION (Last Degree Earned)

College or University	City	County	State	Zip
Attendance Dates	Date Graduated	Degree/Diploma	Major	