

The University of North Carolina Greensboro / Teacher's Academy
Consumer Reports Release / Order Form

I understand that a consumer report or an investigative consumer report (hereinafter referred to as "Report") may be procured at any time during my candidacy for employment and/or during my employment, contract work or volunteer work. I understand the Report may include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by Company policy, information may be obtained from public and private sources and may include information related to: social security number verification, criminal records, credit history, driver/motor vehicle records, employment, education, credentials and personal references. I also understand that the information I provide regarding my sex, race and date of birth will be used for the sole purpose of gathering the above mentioned information correctly, and will not be used to discriminate against me in violation of any law.

Personal Information *(List all names used)*

Last	First	Middle
Name _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____
Home Address _____	City _____	State _____ Zip _____
SSN _____	Date of Birth _____	Sex _____ Race _____
Drivers License Number _____	State Issued _____	Expires _____

I state that my personal information provided above is accurate to the best of my knowledge. I hereby authorize without reservation the procurement of a Report. Furthermore, I authorize any organization, person or agency to furnish information about me and I release any organization, person, agency and Company from any liability arising out of the request or release of the information contained in the Report. A photo or fax copy of this release form will be valid as an original thereof, even though said copy does not contain an original writing of my signature.

Signature _____ Date: _____

California, Minnesota and Oklahoma Residents only:

I understand that under State law, I have the right to receive a copy of the Report at no charge to me.

Yes, I wish to receive a copy of the Report (check box).

Report processed by:

Background Investigation Bureau, Inc.
9710 Northcross Center Court
Huntersville, North Carolina 20878 Toll
Free: (877) 439-3900

BIB INC. CREDIT CARD CHARGE APPROVAL

This document provides BIB INC. with approval to process your credit card for charges incurred for criminal record searches being performed to meet the requirements of:

THE UNIVERSITY OF NORTH CAROLINA GREENSBORO
TEACHER'S ACADEMY

Amount to be charged: \$ 27. 00

CREDIT CARD INFORMATION

- CREDIT CARD AUTHORIZATION -

By my signature below, I authorize Background Investigation Bureau to process and charge my credit card for my criminal record searches.

Credit Card Type: _____ (Visa / MasterCard / Discover / AmEx)

Credit Card Number: _____ Expiration Date: _____

Credit and Security PIN _____ (3 to 4 digit number in signature block on back of card)

Cardholder Name: _____ (as written on card)

Billing Address: _____ City: _____ State: ____ Zip: _____

Cardholder Telephone Number: (____) _____

Cardholder Signature: _____ Date: _____

Note: A copy of your report is available through your UNCG Administrator.

Please send the following documents:

- 1) This document
- 2) Your Consumer Reports Release Form
- 3) A Photocopy of your Drivers License

Please send to:

Background Investigation Bureau
Attn: Business Development
9710 Northcross Center Court
Huntersville, NC 28078

- OR -

Fax to: 704-439-3901