FAIR CREDIT REPORTING ACT
CONSUMER REPORT/INVESTIGATIVE CONSUMER REPORT
DISCLOSURE AND RELEASE OF INFORMATION AUTHORIZATION

PLEASE REVIEW CAREFULLY BEFORE SIGNING AUTHORIZATION

I authorize LifeShare of Oklahoma and Risk Assessment Group, Inc., a consumer-reporting agency, to retrieve information from all personnel, educational institutions, government agencies, companies, corporations, law enforcement agencies at the federal, state or county level relating to my past activities, and authorize the foregoing entities to supply any and all information concerning my background. The information received may include, but is not limited to academic, residential, achievement, job performance, attendance, litigation, personal history, driving records, and criminal history records.

I understand that an Investigative Consumer Report ("Consumer Report") may be prepared summarizing this information. If my prior employers and/or references are contacted, the report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics and/or mode of living. I may request a copy of any Investigative Consumer Report that is prepared regarding me and may also request the nature and substance of all information about me contained in the files of the consumer-reporting agency. The consumer-reporting agency is required to provide someone to explain the contents of my file. I understand that proper identification will be required and that I should direct my request to: Risk Assessment Group, LLC. P.O. Box 27443, Tempe, Arizona 85285. Phone 866-777-1114.

I am willing that an electronic or photocopy of this authorization be acceptable with the same authority as the original; and that if employed by the above named company (except if employed in the state of California), this authorization will remain in effect throughout such employment.

By my signature below, I acknowledge receipt of this Disclosure and Release of Information Authorization and certify that I have read and understand it.

Signature _____ Social Security Number _____ Date _____

Personal Telephone Contact Number _____ Email Address _____

NOTE: The following information is needed to conduct a background investigation and IS NOT considered as part of your application. It is used only for identification purposes in verifying information on your Employment Application. **PLEASE PRINT CLEARLY**.

Last Name _____ First Name _____ Middle Name _____

Please list all aka's including maiden names _____

Street Address _____ City _____ State _____ Zip Code _____

Driver's License Number _____ State of License _____ Expiration Date _____ Date of Birth _____

risk assessment group
employment screening and information services

www.riskassessmentgroup.com
866-777-1114