

**DISCLOSURE and AUTHORIZATION – BACKGROUND INVESTIGATION**

In connection with my service to **Cornerstone Community School** ("Client"), I understand that a "consumer report" and/or "investigative consumer report", as defined by the Fair Credit Reporting Act, will be requested by Client for employment or volunteer purposes, whichever is applicable, from Protect My Ministry, Inc., ("Protect My Ministry"), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include reference checks, criminal history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. I understand that I have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect My Ministry, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-800-319-5581. For information about Protect My Ministry's privacy practices, see [www.protectmyministry.com](http://www.protectmyministry.com).

**Acknowledgement and Authorization**

By signing below, I voluntarily and knowingly authorize Client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of *A Summary of Your Rights under the Fair Credit Reporting Act* and certify that I have read this Disclosure and Authorization as well as the summary explaining my rights under the Fair Credit Reporting Act.

\_\_\_\_\_  
Signature TODAY'S DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ LAST FOUR DIGITS OF SSN \_\_\_\_\_

**APPLICANT DATA**

Sex \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_\_  
SSN D/L or STATE ID STATE ISSUED

\_\_\_\_\_  
EMAIL ADDRESS

For identification purposes only, please provide FULL DOB: \_\_\_\_\_

Please List Other Names Used \_\_\_\_\_

Protect My Ministry, Inc.  
14499 Dale Mabry Hwy, Ste 201 South  
Tampa, FL 33618  
Phone: 800-319-5581 Fax: 800-319-5582  
[www.protectmyministry.com](http://www.protectmyministry.com)