

Authorization for Release of Consumer Report to Third Party

I _____ (*student name*) hereby request and authorize OneSource, Inc to provide the below organization with a complete copy of my consumer report (background check).

Student Information:

Student Name: _____ SSN: _____

Phone Number: _____ Email: _____

University / College: _____

Program: _____

Information Released to:

Contact: _____

Company / Organization: _____

How would you like the report transmitted? (*Please Circle One*) Fax Mail Email

Phone Number: _____ Fax Number: _____

Email: _____ @ _____

Address: _____

Student Signature: _____ **Date:** _____

The report as well as a confirmation email will be sent within 24 hours.

Please return this form to OneSource via fax at 540-450-2254
or email acurrence@onesourcescreening.com