

AUTHORIZATION TO OBTAIN CONSUMER REPORT OR INVESTIGATIVE CONSUMER REPORT

By signing this Authorization, I acknowledge that I have received and read the document titled *Disclosure of Intent to Obtain a Consumer Report or Investigative Consumer Report*, as well as a copy of the document titled *A Summary of Your Rights Under the Fair Credit Reporting Act*.

I authorize Jaguar Scholars to obtain a consumer report or investigative consumer report about me from **Mind Your Business, Inc. ("MYB")**. I understand and agree that the information contained in any consumer report MYB provides will be used to determine my eligibility for employment and, if I am hired, my eligibility for continued employment, and that action may be taken by Jaguar Scholars based on this information.

I further authorize law-enforcement agencies; public and private schools; federal, state, and local agencies and courts; credit bureaus; information bureaus; current and former employees; financial institutions; licensing agencies; the military; and other individuals and entities to provide any information that is requested by MYB or Jaguar Scholars. This information may include alcohol and controlled- substance information from my previous employers.

To assist Jaguar Scholars in obtaining a consumer report, I am providing the following information. I understand that providing this information is voluntary; however, without this information, MYB may be unable to properly identify me if it discovers inaccurate information during its background investigation.

I certify that the information that I am providing on this form is true and correct. I understand that any information I provide in an employment application or that I otherwise disclose during my employment may be used to obtain consumer reports and investigative consumer reports.

Full Name (Printed)	First	Middle	Last	Maiden/Other
Signature			Date	

MA, MN, OK, NY, ME, WA, NJ, and CA applicants only: If you want a free copy of the report(s) ordered, check this box
☐

Complete Residence Address

Street Number/PO Box	Street Name	Apt #	
City	State	Zip Code	County
Date of Birth*	Social Security Number*		
Gender	Race		

(*You may elect to call MYB directly at (888) 758-3776 with this information)

Driver's License Number _____ State Issued _____

Daytime Telephone Number _____ Email _____

Please list all additional residences that you have resided in during the past 7 years:

Street Number/ PO Box	Street Name	City	State	Zip
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County

Street Number/ PO Box	Street Name	City	State	Zip
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County

Street Number/ PO Box	Street Name	City	State	Zip
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County