

**AUTHORIZATION FOR RELEASE OF INFORMATION
FOR INVESTIGATIVE CONSUMER REPORT**

PRIVACY ACT STATEMENT

In compliance with the Privacy Act of 1974, the following information is provided: Basic authority for collecting the requested information is contained in E.O. 12450; 5 USC 1303-1305; 42 USC 2165 and 2455; 22 USC 2585 and 2519; and 5 USC 3301. This form will be furnished to individuals and organizations for the purpose of obtaining information from them about you and your activities in connection with an official background investigation concerning: (1) fitness for employment or academic program, (2) clearance to perform contractual, (3) security clearance or access to sensitive materials, or (4) any other legitimate purpose within the scope of employment responsibilities. Furnishing the requested information is voluntary, but failure to provide all or part of the information may result in a lack of further consideration for clearance or access, or in the termination of your internship program.

In relation to my academic participation/internship thru **FURMAN UNIVERISTY**, I authorize Surveillance, Resources and Investigations, LLC (SR&I, LLC) to construct an investigative consumer report with information pertaining to my background, including, but certainly not limited to, facts involving my social security number authentication, driving record, criminal record history and/or additional public records history. I authorize all parties to release all information applicable to this investigation. I release from liability all persons, governmental agencies, as well as other companies and agencies disclosing any and all information. In addition, I authorize that photocopies of this form may be considered as an original. I authorize full release of background screening results to Bob Miller and Shirley Dewitt, Furman University, as well as, all medical facilities involved with my internship.

I have read, comprehended and authorize, any person, company or other entity contacted by Surveillance, Resources and Investigations, LLC (SR&I, LLC), to provide the information stated above.

THIS FORM WILL NOT BE ACCEPTED OR MAY BE RETURNED IF ILLEGIBLE, ALTERED OR INCOMPLETE.

Signature

[] - [] - []
Social Security #

Print Full Name	Maiden/Other Names Used	# Years Used
_____	_____	[] Present []
Current Address		From To

City	State	Zip	County of Residence
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HAVE YOU RESIDED WITHIN TWO DIFFERENT STATES WITHIN THE LAST 12 MONTHS? YES / NO

Prior Addresses for Past Seven Years (attach additional pages if need)

_____	[]	[]
City State County	From	To
_____	[]	[]
City State County	From	To
_____	[]	[]
City State County	From	To

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN MINOR TRAFFIC VIOLATION? YES / NO

*This information will only be used to complete the background check process and help avoid misidentification.

[] - [] - [] []
*Date of Birth *Gender

Please send completed form & payment to: **SR&I, LLC**

Mailing Address: P.O. Box 5106, Greenville, SC 29606 or
Physical Address: 1300-D East Washington Street, Greenville, SC

Checks, money orders, and credit card payments are accepted.