

## Acknowledgment And Authorization For Background Check

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT ([click here to view the summary of your rights](#)) and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Deverus Demo ("Employer") at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by:

*deverus support*

55555

800-555-1212

<http://www.deverus.com>

and/or Employer. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York residents/applicants only:** Upon request, you will be informed whether or not a consumer report was requested by the Employer, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Employer by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law ([click here to view Article 23-A](#))

**New York City residents/applicants only:** You acknowledge and authorize the Employer to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the Employer.

**Washington State residents/applicants only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**Minnesota and Oklahoma residents/applicants only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Employer.

**Los Angeles residents/applicants only:** [Click here to view the LA Notice to Applicants and Employees for Private Employers](#)

**San Francisco residents/applicants only:** [Click here to view the San Francisco Fair Chance Ordinance](#)

I understand that by either signing my name or, typing my name and my Last four SSN, and by clicking on "I ACCEPT" below, that I am electronically signing the above document.

I understand that my electronic signatures will be binding as though I had physically signed these documents by hand. I agree that a printout of this authorization may be accepted with the same authority as the original.



Robert Ice

Signed at {ts '2018-12-14 14:03:42'}