



The School for Field Studies – Police Record Check Form

Notice/Authorization and Release for the Procurement of Consumer and/or Investigative Consumer Report

Completed by Applicant

I, the undersigned student, do hereby authorize **The School for Field Studies [SFS]** by and through its independent contractor, to procure a consumer report and/or investigative consumer report on me. I understand that this authorization and release shall be valid for subsequent consumer and/or investigative consumer reports during my period of enrollment. These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, and personal characteristics, discerned through employment and education verifications; personal references; personal interviews; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record. I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to SFS by and through its' independent contractor, including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources. I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to SFS, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681et. seq. and Cal. Civ. Code § 1786.

Biographical Information:

Full Legal Name:

First

Middle

Last

Other Names Used:

(Maiden, Aliases, Nicknames)

Permanent Address:

Street Number & Name

City

State

Zip

Social Security Number:

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I hereby certify that all the information provided on this form is true and correct to the best of my knowledge and belief. I understand that my enrollment with SFS and Student Visa processing depends upon successful completion of a criminal background investigation. If enrolled, I understand that any falsification, misrepresentation or omission of facts of this record may be considered grounds for disqualification, release or dismissal.

Applicant Signature:

Date: