



**Chai Lifeline**  
Fighting Illness With Love

Helping the child, the family and the community

INTERNATIONAL OFFICE 151 W 30TH STREET, NY, NY 10001 • 212-699-6654 • 888-244-7478 • FAX 212-465-0949 • WWW.CHAILIFELINE.ORG

**AUTHORIZATION FOR BACKGROUND SEARCH**

NAME:  MR.  MRS.  MS.  MISS  DR. (FIRST) \_\_\_\_\_ (LAST) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (CELL) \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DRIVER'S LICENSE NO. \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_

I VOLUNTARILY CONSENT TO AND AUTHORIZE CHAI LIFELINE AND TENANTS SAFE, HEREIN REFERRED TO AS COMPANY, AND/OR THEIR ASSIGNED AGENTS OR CONSUMER REPORTING AGENCIES TO REQUEST AND RECEIVE ANY CONSUMER REPORTS, INVESTIGATIVE REPORTS, OR INFORMATION, INCLUDING LAW ENFORCEMENT RECORDS, CRIMINAL RECORDS, DMV RECORDS, CIVIL RECORDS, EMPLOYMENT VERIFICATIONS, EVICTION SEARCHES, AND/OR CONSUMER CREDIT REPORTS.

I AUTHORIZE ANY PERSONS, COMPANIES, CORPORATIONS, CONSUMER REPORTING AGENCIES, COURTS OF LAW CURRENT OR PAST, OR EMPLOYER/S TO FURNISH COMPANY AND/OR THEIR ASSIGNED AGENTS, ASSOCIATES OR CONSUMER REPORTING AGENCIES WITH ANY OR ALL INFORMATION REQUESTED ABOUT ME. I FURTHER AGREE TO RELEASE COMPANY AND/OR THEIR ASSIGNED AGENTS, ASSOCIATES OR CONSUMER REPORTING AGENCIES, AND ALL PERSONS AND ORGANIZATIONS PROVIDING INFORMATION FROM ANY AND ALL CLAIMS, LIABILITY, AND RESPONSIBILITY ARISING OUT OF THE RELEASE OF SUCH INFORMATION ARISING FROM THESE QUERIES.

I UNDERSTAND THAT I HAVE SPECIFIC PRESCRIBED RIGHTS AS A CONSUMER UNDER THE FEDERAL FAIR CREDIT REPORTING ACT (FCRA) AND MAY HAVE ADDITIONAL RIGHTS UNDER RELEVANT, SPECIFIC STATE LAWS.

THIS AUTHORIZATION DOES NOT INCLUDE A RELEASE OF ANY MEDICAL INFORMATION.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE PRINT NAME: \_\_\_\_\_