



**AUTHORIZATION FOR BACKGROUND CHECK**

In connection with my rental application, I hereby authorize and instruct Global HR Research, 9530 Marketplace Road, Suite 30, Fort Myers, FL 33912 , 800-790-1205 and/or Landlord or Landlord 's agent to obtain information about me, including, but not limited to, information relating to this application, my credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of my education or employment history, or other background information. I further authorize and instruct Global HR Research, Landlord or Landlord 's agent to verify the information contained in my rental application. Verification or re-verification of any information contained in the application will be retained by Landlord if my application is approved through at least the length of my residence. Upon request, Global HR Research will provide the name & phone number of the source of the information used in the verification and/or information gathering process.

To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, credit bureau, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Global HR Research 9530 Marketplace Road, Suite 301, Fort Myers, FL 33912 , 800-790-1205, another outside organization acting on behalf of Landlord, and/or Landlord itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original. I certify that I have received a Summary of Rights under the Fair Credit Reporting Act.

Applicant Last Name \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_

Other Names/Alias \_\_\_\_\_

Social Security\* # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Driver's License \_\_\_\_\_

Present Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Main Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Secondary Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*This information will only be used for background screening purposes.