Kroll
The Risk Consulting Company
Kroll Background America, Inc.

SCHEDULE F

NOTICE/AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT
(PLEASE PRINT OR TYPE)

I, the undersigned consumer, do hereby authorize **THE WESTERN NORTH CAROLINA CONFERENCE OF THE UNITED METHODIST CHURCH;** by and through its independent contractor, **KROLL BACKGROUND AMERICA, INC. ("KBA")**, to procure a consumer report and/or investigative consumer report on me.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, personal characteristics and mode of living, discerned through employment and education verifications; personal references; personal interviews; my personal credit history (if applicable to the position) based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and/or former addresses; criminal and/or civil history/records; or any other public record.

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 **KBA**, 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.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to **THE WESTERN NORTH CAROLINA CONFERENCE OF THE UNITED METHODIST CHURCH;** by and through **KBA**, 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 hereby release **THE WESTERN NORTH CAROLINA CONFERENCE OF THE UNITED METHODIST CHURCH; KBA;** and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, by me, my heirs or others making such claim or demand on my behalf, for providing a consumer report and/or investigative consumer report hereby authorized.

I understand that this Authorization/Release form shall remain in effect for the duration of my employment with said Company. Additionally, I give permission to investigate any incidents of workplace misconduct, including but not limited to; sexual harassment, of which I have been accused for which I am alleged to have been involved during my employment**.** Further, I certify that the information contained on this Authorization/Release form is true and correct and that my application or employment may be terminated based on any false, omitted, altered or fraudulent information.

Signature: _____ Date: _____

Printed Name:_____
First Middle Last

_____ Date Used: _____
Other Names Used (Alias, maiden, nickname, etc)

Current Address:_____
Street /P. O. Box City State Zip Code County Date Lived

Former Address: _____
Street /P. O. Box City State Zip Code County Date Lived

Former Address: _____
Street /P. O. Box City State Zip Code County Date Lived

Social Security Number: _____ Daytime Telephone Number: (____)_____

Driver's License Number: _____State of Issuance: _____Date of Birth*: _____Gender*_____

*** This information will enable us to properly identify you in the event we find adverse information during the course of our background search.**

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