



**FCRA AUTHORIZATION TO OBTAIN A CONSUMER REPORT
(background/credit check)**

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize Port San Luis Harbor District and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for the purposes of being awarded a lease agreement with the Port San Luis Harbor District. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, _____, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish Port San Luis Harbor District or its designated agents with any and all information in their possession regarding me in connection with my submitted proposal for a lease agreement. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

Applicant's Name: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Current Street Address: _____ City: _____ Zip _____

State: _____ Start Date: _____

Prior Street Address: _____ City: _____ Zip _____

State: _____ Start Date: _____

Prior Street Address: _____ City: _____ Zip _____

State: _____ Start Date: _____

Driver's License # _____ State: _____

Signature: _____ Date: _____

PROVIDE A COPY OF YOUR DRIVER'S LICENSE