



## Consumer Report/Disclosure Notification

A Consumer Report may include information about your character, general reputation, personal characteristics, or mode of living. Upon written request made within a reasonable period of time to Creative Security Company, Inc. 150 S. Autumn St., San Jose, CA 95110 a complete and accurate disclosure of information as to the nature and scope of the Consumer Report will be Provided to you. You are entitled to ask your prospective Landlord for a copy of your Consumer Rights under the Fair Credit Reporting Act. The types of reports that may be requested from consumer reporting agencies under this policy may include, but are not limited to, credit reports, criminal records checks, workers compensation reports, civil court records checks, driving records, and/or summaries of educational and employment records and histories.

## Release of Information Form

I understand that a Consumer Report or an Investigative Consumer Report as described above may be obtained. All corporations, companies, credit agencies including but not limited to the Trans Union Corporation., financial institutions, are authorized to release all written and verbal information about me. I hereby release all individuals, companies, corporations, and agencies, public or private, connected therewith from any and all liability associated with the dissemination of such information pertaining to me. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent that such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

APPLICANT'S PRINTED NAME: \_\_\_\_\_  
(First) (MI) (Last)

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DATE-OF-BIRTH: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

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

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

PREVIOUS ADDRESSES: (City, State & Zip Code for previous seven years)

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

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

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

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Pleas provide a legible copy of your government issued ID along with this release.  
Please Fax to 408-459-4209