LexisNexis Screening

NOTICE, AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I, the undersigned consumer, do hereby authorize New Life Fellowship Church of Houston by and through its independent contractor, LexisNexis Screening, to procure a consumer report and/or investigative consumer report on me. I understand that this authorization and release shall be valid for subsequent consumer and/or investigative consumer report during my period of employment with New Life Fellowship Church of Houston for the purpose of investigating any incidents of workplace misconduct or criminal activity for which I am alleged to have been involved during my employment.

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

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to New Life Fellowship Church of Houston by and through LexisNexis Screening, 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 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 LexisNexis Screening, 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 I 5 U.S.C. 1681 et.seq.

Signature:			Date:			
IDENTIFYING	INFORMAT	TION FOR CO	NSUMER REPO	RTING AGE	NCY	
Printed Name:						
First	First		Middle		Last	
Other Names Used (alias, n	naiden, nickna	me)				
YEARS USED						
Current Address:						
Street/P.O. Box	City	State	Zip Code	County	Dates	
Former Address:						
Street/P.O. Box	City	State	Zip Code	County	Dates	
Social Security Number:		Day	time Telephone Nu	mber:		
Priver's License:		of Issuance	*Date of Rirth	· *Gen	der:	

^{*} This information will enable us to properly identify you in the event we find adverse information during the course of our