



FAIR CREDIT REPORTING ACT - DISCLOSURE AND AUTHORIZATION

Pursuant to the federal Fair Credit Reporting Act (FCRA), I hereby authorize Nebraska Department of Veterans' Affairs (NDVA) and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report (the Report(s)) to be generated for purposes of employment, promotion, reassignment or retention as an employee or volunteer/intern. I understand that the scope of the Report(s) may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history; 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 have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of this investigation.

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 NDVA or its designated agents with any and all information in their possession regarding me in connection with an application of employment or volunteer/internship placement. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that that NDVA may rely on the information contained in the Report(s) in determining whether to extend an offer of employment or volunteer/internship placement to me or maintain my employment or volunteer/internship placement with the NDVA. If the NDVA contemplates making an adverse employment- or volunteer/internship-related decision that will affect me, based in whole or in part, upon the Report(s), I will be provided a copy of the Report(s) and a summary of my consumer's rights under the FCRA before the NDVA finalizes its decision.

Name (Print First, Middle, Last)

Previous Names Used

Social Security Number

Date of Birth

Address (Street, City, State and Zip Code)

Previous Address (Street, City, State and Zip Code)

Previous Address (Street, City, State and Zip Code)

Previous Address (Street, City, State and Zip Code)

Driver's License Number and State Issued

Expiration Date

Signature

Date