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**Fair Credit Reporting Act
Authorization Form**

***AUTHORIZATION FOR BACKGROUND CHECK FOR
SUMMIT COMMUNITY CARE CLINIC EMPLOYEES AND VOLUNTEERS***

By signing below, I _____, hereby voluntarily authorize Summit Community Care Clinic to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my working/volunteer activities at Summit Community Care Clinic. By this release, Summit Community Care Clinic will initiate a Colorado Bureau of Investigation Criminal History Check and/or a Central Registry Check and a Department of Motor Vehicles Record Check. Summit Community Care Clinic will notify me if additional consumer or investigative consumer reports will be requested, and I have the option to decline and withdraw myself from consideration as an employee/volunteer at that time. Definitions of consumer and investigative consumer reports are available on the Fair Credit Act Disclosure. I understand that I have rights under the Fair Credit Reporting Act. This authorization will remain on file and shall serve as ongoing authorization for Summit Community Care Clinic to procure consumer reports at any time during my work/volunteer period.

Employee/Volunteer Signature

Date

Social Security No: _____

Date of Birth _____

Drivers license No: _____

State: _____

Expiration: _____

Current Physical Address:

Previous Physical Address

(If at current address less than 5 years)

Street: _____

Street: _____

City: _____

City: _____

State: _____ Zip Code: _____

State: _____ Zip Code: _____