



12 North Braddock Street  
Winchester, VA 22601  
Phone 540.450.2252  
Fax 540.450.2254  
[www.OneSourceScreening.com](http://www.OneSourceScreening.com)

*Disclosure / Authorization and Release Form*

**Disclosure:**

As part of the terms of volunteering with Shenandoah Area Agency On Aging you are required to submit to a background search also known as a Consumer Report. Under the provisions of the FCRA (15 USC at 1681 - 1681u), before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the background investigation. You are also entitled to a copy of the Consumer Finance Protection Bureau's document entitled *Summary of Rights under the Fair Credit Reporting Act*.

**Authorization and Release to Obtain Information:**

Under the provisions of the FCRA, 15 USC, Section 1681 et seq., and all applicable federal, state and local laws, I hereby authorize and permit Shenandoah Area Agency On Aging to obtain a consumer report which will include the following searches:

- a. Address History Search
- b. Social Security Verification
- c. County Criminal Record Search
- d. National Criminal Search
- e. National Sex Offender Registry Search

I agree that a fax or copy of this document has the same effect as the original.

I understand and acknowledge that under the provisions of the FCRA I may request in writing a copy of any consumer report prepared by OneSource, Inc.

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Print All Former Names Used (maiden, aka's):

(1) \_\_\_\_\_

(2) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

D/O/B: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

State of Issuance: \_\_\_\_\_

Print ALL Residences for the previous 7 years (City, State and Zip Only)

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_