**State of Iowa**



|  |  |  |
| --- | --- | --- |
| **Credit History Disclosure Authorization and Consent Form** | | |
|  | | |
|  | **Judicial Applicant** |  |

**Please read carefully**



# DISCLOSURE

This document serves solely as a clear and conspicuous written disclosure as required by the Federal Fair Credit Reporting Act set forth in Section 604 (b) to the applicant that a credit history check may be obtained for the purpose of this employment/ licensing application. By the signature below, the applicant acknowledges that the Iowa Department of Public Safety, Division of Criminal Investigation and **Global Screening Solutions,** have made this disclosure.

# APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

This release and authorization acknowledges that **Iowa Division of Criminal Investigation** may now, or any time while I am employed/licensed, conduct a verification of my credit history to fulfill the job and/or licensing requirements. The results of this verification process will be used to determine employment/ licensing eligibility for the position/license applied for. In the event that information from the report is utilized in whole or in part in making an adverse action decision with regard to your potential employment/ licensing, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law. I authorize **Global Screening Solutions** at 4833 Front Street B448, Castle Rock, CO 80108, 866-454-2325, [customerservice@global-screeningsolutions.com](mailto:customerservice@global-screeningsolutions.com), [www.Global-ScreeningSolutions.com](http://www.Global-ScreeningSolutions.com), and any of its agents, to disclose orally and in writing the results of this verification process to the designated authorized representative **Iowa Division of Criminal Investigation. Contact Global Screening Solutions, if you want to receive a copy of our Information Security Policy.**

# I have read and understand this disclosure, and I authorize the credit history verification.

I authorize persons and other organizations and Agencies to provide **Global Screening Solutions** with all information that may be requested. I agree that any copy of this document is as valid as the original. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment/licensing was denied based on information obtained through the credit history verification process.

**CONFIDENTIAL INFORMATION FOR POSITIVE IDENTIFICATION PURPOSES ONLY**

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| --- | --- | --- |
|  |  |  |
| Applicant Last Name | First Name | Middle Name |
|  |  |  |
| List Other Names Used | Date of Birth (for identification only) | Social Security Number |
|  |  |  |
| Current Address | City/State/Zip | Dates |
|  |  |  |
| Previous Address | City/State/Zip | Dates |
|  |  |  |
| Previous Address | City/State/Zip | Dates |

#  RELEASE MUST BE SIGNED

***Applicant’s Signature Today’s Date***

***I understand my credit report will be pulled from TransUnion and wish to receive a copy of the Credit Report from TransUnion directly.***

***(California, Oklahoma, Minnesota residents only).***

DPS Form 62 (Jan. 2020)