

ALPHA BACKGROUND INVESTIGATIONS, LLC 1000 S Cleveland Massillon Rd., Suite 119a Akron, OH 44333 T-F: 888-220-8983 P: 330-336-5509 F: 330-336-6540

AUTHORIZATION TO OBTAIN RECORDS AND OTHER INFORMATION FOR TENANT SCREENING PURPOSES

PLEASE READ CAREFULLY BEFORE SIGNING WAIVER

I,, acknowledge and agree that ABI and Alpha Background Investigations, agent acting on behalf of ABI may obtain a consumer report as a condition of the Tenant Screening Process and, if accepted as a Tenant at any time during my residency.	
I hereby authorize any and all persons, entities, companies, consumer reporting agencies, institutions and government agencies to release any information and records they may have concerning my background and qualifications for residence. All information received will be in strict compliance with all federal and state laws including the Fair Credit Reporting Act 15 U.S.C. 1681 et seq., Privacy Act Title 28 (Public Act 93-579) 5 U.S.C. 552(a), Freedom of Information 5 U.S.C., 552, etc.	
I understand and agree that ABI and Alpha Background Investigations have no duty to investigate the correctness of information received from others and that ABI may rely on and base its decision solely upon the information contained in such consumer reports. I agree that a photographic or facsimile copy of this document shall be as valid as the original.	
Standard Services: SS Verification, Criminal History, Credit History, Social Security Trace, Eviction Records, Reference Check	
PPLICANT'S FIRST NAME:	
PPLICANT'S MIDDLE NAME/INITIAL:	
PPLICANT'S LAST NAME:	
THER NAMES USED:	
PPLICANT'S SOCIAL SECURITY NUMBER:	
PPLICANT'S DATE OF BIRTH:	
PPLICANT'S DRIVER'S LICENSE NUMBER:	
TATE ISSUED:	
DDRESS	
TY/STATE/ZIP	
MAIL ADDRESS:	
I have read and fully understand the above release.	
Print Name Signat	ture of Tenant Date