

**ARTIST IN RESIDENCE
CONSUMER AUTHORIZATION AND RELEASE**

In connection with **ARTIST IN RESIDENCE** using my service as a Client/Contractor, I authorize **ARTIST IN RESIDENCE** and or its agent, ACCUFAX Div., Southvest Inc. to obtain a consumer report, criminal report or investigative consumer report which may include information on my character, general reputation, personal characteristics, and mode of living from public record sources or through personal interviews with previous employers or associates.

I authorize, without reservation, any person or entity contacted by **ARTIST IN RESIDENCE**, or its agent, ACCUFAX Div., Southvest Inc. to furnish the above-stated information, and I release any such person or entity from any and all liability for furnishing such information. I further release **ARTIST IN RESIDENCE**, its affiliated companies, their officers, employees and agents, and specifically, ACCUFAX Div., Southvest Inc., their affiliated companies, their officers, employees and agents from any liability and responsibility arising from the preparation of said report. I understand that false or misleading statements made on this authorization, or made during the contract period, may disqualify me from consideration for using my service or result in immediate termination of our contract.

By my execution hereof I acknowledge I have been provided with a separate Consumer Disclosure advising me that a report will be requested and used for the purpose of evaluating me for use of my contract services.

PLEASE PRINT Requested by: 405-366-5978

LEGALNAME _____ DOB * _____ SS# _____

OTHER NAMES USED _____

CURR. ADDR. _____ DL# _____ STATE _____

CITY _____ ST _____ ZIP _____ HOW LONG _____

PREV. ADDR. _____

CITY _____ ST _____ ZIP _____ HOW LONG _____

PREV. ADDR. _____

CITY _____ ST _____ ZIP _____ HOW LONG _____

Signature _____ Date _____

LIST ALL CITY/STATES RESIDED IN SINCE AGE 18: _____

APPLICANT COMPLETE INFORMATION BELOW (MAY WE CONTACT YOUR CURRENT EMPLOYER?) Y NO

Employer _____ City _____ Tel _____ Dates _____ / _____
From To

Employer _____ City _____ Tel _____ Dates _____ / _____

Employer _____ City _____ Tel _____ Dates _____ / _____

EDUCATION
Name _____ City, St _____ Tel _____ Dates _____ / _____
From To

Years attended _____ Most recent Last year completed: 1 2 3 4 Degree(s) _____

Last name if different while in School _____

PLEASE PRINT

***Date of Birth" (DOB) or "Age" will be used solely for the purpose of identification in doing background checks and will not be considered or used for any other purpose.

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**ARTIST IN RESIDENCE
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In connection with ARTIST IN RESIDENCE considering you for client/contract services, ARTIST IN RESIDENCE may obtain a consumer report on you which may include information on character, general reputation, personal characteristics, and mode of living from public record sources or personal interviews with previous employers or associates. You have the right, upon written request, to receive a written description of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

You have the right to request a copy of your consumer credit investigative report from the consumer credit reporting agency by checking the box below. The report will be mailed directly to you by the consumer-reporting agency.

I HEREBY ACKNOWLEDGE RECEIPT:

PRINT NAME

DATE

SIGNATURE