FIRST ADVANTAGE - SAFERENT	Paid	
Name & Site #	Clerk	
	Occupant Only: Yes / No	
AUTHORIZATION AND RELEASE FOR THE PI CONSUMER AND / OR INVESTIGATION		
I, the undersigned consumer, do hereby authorize MID-ATLANTIC REALTY/CO Through its independent contractor, FIRST ADVANTAGE- SAFERENT, to pro Report and/or investigative consumer report on me.		
These above-mentioned reports may include, but are not limited to, employment and education References; personal interviews; my personal credit history based on reports from any credit bucitations; a social security number verification; present and former addresses; criminal and ci and, any other information bearing on my credit standing, credit capacity, credit worthing characteristics, trustworthiness and/or mode living.	reau; y driving history, including any traffic vil history/records; any other public record	
I understand that the investigative consumer report I have authorized above may include in neighbors, friends and/or associates and/or others with whom I am acquainted or who may hav understand that I will also receive a written disclosure of my rights under FCRA 15 U.S. investigative consumer report prepared on me upon my written request to FIRST ADVA! within a reasonable time after the date hereof.	e knowledge concerning said information. C. 1681 with the nature and scope of any	
I further authorize any person, business entity or governmental agency who may have informable same to MID-ATLANTIC REALTY/CORPORATE, by and three SAFERENT including, but not limited to any courthouse, any public agency, any and all credit bureaus, regardless of whether such person, business entity or governmental agency confrom other sources.	ough FIRST ADVANTAGE - I law enforcement agencies and any and al	
I hereby release MID-ATLANTIC REALTY/CORPORATE, FIRST A any and all persons, business entities and governmental agencies, whether public or private demands, of whatever kind, to me, my heirs or others making such claim or demand on m brokering and/or assisting with the compilation or preparation of the consumer report an authorized.	e, from any and all liability, claims and/or by behalf, for procuring, selling, providing	

Office Use Only

Date

Signature

FIRST ADVANTAGE - SAFERENT

For Mid-At	======================================	======		
Sent by:		_		
FOR:				
Residence:_	Employmen	nt:		
Applicant, P	Please complete t	he following section	n.	
Social Securit	y Number		Driver's Lic. #	Date of Birth
Type or Print	Name		Other Names used (past 7 years)	Years Used
MALE: ()	FEMALE: ()		
Current Addre	ess (City, State,	Zip)		Country of residence
		PAST SEVEN Y		DATES LIVED HERE
City	State	County	Zip Code	
City		County	•	
	State	County	Zip Code	
City	State		Zip Code Zip Code	
		County		
City	State	County	Zip Code	
City	State	County County County	Zip Code Zip Code	
City City City City City	State State State State State	County County County County	Zip Code Zip Code Zip Code	
City City City City	State State State State	County County County County County	Zip Code Zip Code Zip Code	

29551 Persimmon Rd, Lewes, DE 19958 302-684-0300 Fax: 302-684-1045

Revised 8/6/09