



**AUTHORIZATION TO OBTAIN CRIMINAL HISTORY REPORT FOR CONTRACT PURPOSES**

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize Little Elm Orthopedic & Spine Rehab, PC and its designated agents and representatives to conduct a criminal history check which includes records from any criminal justice agency in any or all federal, state or county jurisdictions.

I, \_\_\_\_\_, authorize the complete release of these records or data pertaining to me. I understand that I must provide my date of birth to adequately complete said screening and acknowledge that my date of birth will not affect any hiring decisions. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I hereby release the Company and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at anytime result to me, my heirs, family or associates because of compliance with this authorization and request to release. You may contact me as indicated below. I understand that a copy of this authorization may be given at any time, provided I do so in writing.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action s to be taken based upon the report, a copy of the report and a summary of the consumer’s rights will be provided to me.

Acknowledged this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_

Signature

\_\_\_\_\_

Name Printed