



Reno/Sparks Association of REALTORS® Credit Report Authorization Form

The undersigned hereby authorizes the REALTOR® office specified below to run a credit report. I understand that the report will be obtained solely for the purpose of tenant screening. In the event of an adverse action based on the credit report, I may request a copy of the credit report from TransUnion Consumer Relations, 2 Baldwin Place, PO Box 1000, Chester, PA 19022; 800-888-4213 or www.transunion.com/myoptions.

Tenant Information *(An asterisk (*) denotes a required field.)*

*Name _____ *Social Security # _____ - _____ - _____
Please print

*Name _____ *Social Security # _____ - _____ - _____
Please print

Current Address

*Address _____

*City _____ *State _____ *Zip _____

Previous Address (If less than one year at current address)

Address _____

City _____ State _____ Zip _____

*Prospective Tenant Signature _____ Date _____

*Prospective Tenant Signature _____ Date _____

REALTOR® Office Information

The undersigned agrees to retain this authorization for a minimum of three (3) years from the date of inquiry.

*Agent Name _____ Agent # _____ *Company: _____

Please email credit report to: _____

Please fax credit report to: _____

*Agent Authorization Signature _____ *Date _____

Reno/Sparks Association of REALTORS® processes credit reports between 9:00 a.m. – 4:30 p.m. Monday – Friday. Please fax this completed form to 775-823-8805 before 4:30 p.m. for same day report. Broker must have subscription to this service. Reports cannot be processed for yourself, family members or other Reno/Sparks Association of REALTORS® members. If you have any questions contact the Association at 775-823-8800.

For Reno/Sparks Association of REALTORS® office use only.

Date processed _____ Date Invoiced _____ Invoice # _____ Staff initials _____