

# METROPOLITAN WASHINGTON AIRPORTS AUTHORITY

## AUTHORIZATION FOR CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

	Sex	Race	Date of Birth		
Last Name	First Name	Middle Name	Month	Day	Year
			SSN:		
Place of birth City	County	State	Country		

This release when presented by a duly authorized representative of the Metropolitan Washington Airport Authority Police Department Employment Standards unit, constitutes my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my financial and credit history.

Specifically, I authorize the release of all information and records to the Metropolitan Washington Airports Authority Police Department Employment Standards Unit from all consumer reports and providers of information to consumer reporting agencies.

This authorization is given in connection with a background investigation being conducted relative to my application for, or continued employment with, the Metropolitan Washington Airports Authority. The intent of this authorization is to provide full and free access to the background and history of my financial life, for the specific purpose of pursuing an investigation which may provide pertinent data for the Metropolitan Washington Airports Authority, to consider my suitability for employment.

I understand that any adverse information obtained from any consumer report by a personal history background investigation which is developed directly or indirectly, in whole or in part upon this release authorization will be considered in determining my suitability for employment by the Metropolitan Washington Airports Authority. I understand that I will be provided a copy of the consumer report prior to any adverse action relative to an employment decision based on this consumer report and that I have been provided a copy of the FTC's Consumer Rights Notice.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request that have not violated the federal Fair Credit Reporting Act ("FCRA").

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

**MUST BE SIGNED IN THE PRESENCE OF A NOTARY:**

In the State of \_\_\_\_\_,  
County/City of \_\_\_\_\_

to wit: Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_,

My commission expires \_\_\_\_\_,

Signature		
Street Address		
City	State	Zip Code

\_\_\_\_\_  
(Signature of Notary)