RHR INFORMATION SERVICES, INC.
The right path to the right people.

(FOR OFFICE USE ONLY)
SITE NAME: _____
RHR ACCT #: _____

GENERAL CONSENT FORM

Personal Information:

I, _____ have made application
Last Name First Middle Maiden

with _____ for _____
Company Name State Purpose

_____
Current Address City State Zip Code

_____
Previous Address City State Zip Code

____/____/____ _____ _____ _____ _____ (____)_____
Date of Birth Sex Social Security Number Driver's License State Home Phone

Release:

I/We authorize RHR Information Services, Inc. (RHR) and/or the above named company to do a complete investigation of all information provided within my application for residency. I/We have personally filled in and/or reviewed all information contained within the application. I/We understand failure to complete these documents completely and truthfully may result in denial and/or forfeit of deposit. A complete investigation may include any or all of the following: Credit Report, Verification of Employment and Income, Criminal Record Search, Rental History References (including MPHA), Unlawful Detainer/Eviction Investigation, Identity Trace, Sex Offender Search, Terrorism Search, Check Writing History,and Personal Interviews with all provided references. The source of the information may come from, but is not limited to: credit bureaus; banks and other depository institutions; current and former employers; federal or state records including State Employment Security Agency records, county or state criminal records as follows, or other sources as required. It is understood that a photocopy or facsimile copy of this form will serve as authorization. I/We understand that I/We have a right to make a written request within 30 days to receive information pertaining to this report if I/We are not accepted based upon information contained in the report. I/We authorize RHR to produce to the credit granter Federal and State records of employment and income history, including State Employment Security Agency records. This authorization continues in effect for one (1) year unless limited by state law, in which case the authorization continues in effect for the maximum period, not to exceed one (1) year.

_____ _____
Applicant Signature Date

OUT-OF-STATE CRIMINAL RECORDS SEARCH

_____ **City / County**	_____ **State**	_____ **City / County**	_____ **State**
_____ **City / County**	_____ **State**	_____ **City / County**	_____ **State**

10505 Wayzata Boulevard, Suite 200 ● Minnetonka, MN 55305
PH> 952-545-3953 / 888-389-4023 ● FX> 952-545-3973 / 888-389-4024 ● www.rhris.com