

MIND YOUR BUSINESS, INC.

**AUTHORIZATION AND RELEASE FOR THE PROCUREMENT  
OF A CONSUMER AND/OR INVESTIGATIVE REPORT**

I, the undersigned consumer, do hereby authorize Oak Grove HS, by and through its independent contractor, MIND YOUR BUSINESS, INC. ("MYB"), to procure a consumer report and/or investigative consumer report on me.

These above mentioned reports may include, but are not limited to, employment and education verification; personal references; citations; a social security number verification; present and former addresses; criminal and civil history/record; and any other public record; and any other information bearing on my credit standing, credit capacity, worthiness, character, general reputation, personal characteristics, trustworthiness and/or mode of living.

I understand that the investigative consumer report I have authorized above may include information obtained by interviews with my neighbors, friends and/or associates and/or others with whom I am acquainted or who may have knowledge concerning said information. I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report prepared on me upon written request to MYB that is made within a reasonable time after the date hereof.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Oak Grove HS by and through MYB, including but not limited to, any courthouse, any public agency, any and all law enforcement agencies and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources, *including alcohol and controlled substance information from previous employers.*

I hereby release OAK Grove HS MYB and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, to me, my heirs, or others making such claim or demand on my behalf, for procuring, selling, providing, brokering, and/or assisting with the compilation or preparation of the consumer report and/or investigative consumer report hereby authorized.

PRINTED NAME:

\_\_\_\_\_  
First Middle Last Maiden/Other (within past 7 years only)

SIGNATURE:

\_\_\_\_\_ DATE: \_\_\_\_\_

COMPLETE RESIDENCE ADDRESS:

\_\_\_\_\_  
Street Number/P.O. Box Street Name

\_\_\_\_\_  
City State Zip Code County

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DAYTIME TELEPHONE NUMBER: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_

DATE OF BIRTH\*: \_\_\_\_\_ GENDER\*: \_\_\_\_\_

Alternatively, you may elect to call MYB directly at (888) 758-3776 X9909 to leave your Date of Birth or Social Security Number.

\* This information is voluntary. However, without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background search.

PLEASE LIST ALL ADDITIONAL RESIDENCES THAT YOU HAVE RESIDED IN THE PAST FIVE (5) YEARS:

\_\_\_\_\_  
Street Number/P.O. Box Street Name City State Zip Code County

\_\_\_\_\_  
Street Number/P.O. Box Street Name City State Zip Code County

\_\_\_\_\_  
Street Number/P.O. Box Street Name City State Zip Code County

Minnesota employees – Please check here to have a copy of your Investigative Report mailed to you.

California employees – Please check here to have a copy of your Investigative Report mailed to you.