

CONSUMER REPORT / INVESTIGATIVE CONSUMER REPORT AUTHORIZATION
DOCUMENT

By signing below, I authorize LifeSpring Health Systems (the “Company”) to order consumer reports and investigative consumer reports from Elevated Background Checks (“Elevated”), a consumer reporting agency. I understand that, as allowed by law, the Company may rely on this authorization to order additional consumer reports and investigative consumer reports from Elevated without asking me for my authorization again during any period of employment.

For the specific purpose of preparing consumer reports and investigative consumer reports for the Company, and subject to all laws protecting my informational and individual privacy, I authorize the following to disclose to Elevated the information needed to compile the reports: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; and motor vehicle records agencies.

If you live in or are applying to work in **California, Minnesota** or **Oklahoma**: Please check this box if you would like to receive a free copy of your report

The below-requested information will be used for background screening purposes only.

Last Name

Legal First Name

Middle Name

Other Name(s) (Alias) Used:

Check this box if you have **no** middle name **or** initial

Social Security Number:

Date of Birth:

Driver’s License State & Number:

Current Street Address

City

State

Zip

Applicant Signature of Acknowledgement and Authorization:

Signature:

Date: