



Ernest Freeman, III, Authorized Agency
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 19372 West Shelton Road
 Hammond, LA 70401
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Investigation Application Consent Form

I hereby voluntarily consent to and authorize the Authorized Agent bearing this release or copy thereof, to obtain the following report(s). I agree that this report will include:

Motor Vehicle Records

I authorize all persons and organizations that may have information relevant to this research to disclose such information. I hereby release agents and all persons and organizations providing information from all claims and liabilities of any nature in connection with this research. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

I have the right to make a request to EF Research, LLC, the Authorized Agent, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information and the recipients of any report on me that the Authorized Agent has previously furnished within the two-year period preceding my request.

I understand that I have specific prescribed rights as a consumer under the federal Fair Credit Reporting Act ('FCRA'). I will be provided an opportunity to refute, correct or otherwise clarify such information as outlined in the FCRA guide, "A Summary of Your Rights Under the Fair Credits Reporting Act".

I understand that this consent gives permission for employer to conduct additional reports during my term of employment.

I certify and declare under penalty of perjury under relevant state and federal law that the information contained in my application is complete, true and accurate.

***** INFORMATION BELOW MUST BE CORRECT AND PRINTED CLEARLY*****

First, Middle (Maiden), Last Name (Print Exactly As Written on License) **Sex** **Job Title**

Social Security Number **Driver's License Number** **State** **Race** **Date of Birth mm/dd/yyyy)**

Applicant's Contact Number(s)
Phone **Cell Phone**

Current Street Address **City** **State** **Zip Code**

Previous Street Address **City** **State** **Zip Code**

Applicant Signature **Date**

Signature of Administrator or Designated Representative (Witness) **Date**

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