



Sarasota County Sheriff's Office Credit Inquiry Waiver

Waiver must be typed or printed legibly in BLACK ink. Provide all requested information.

NAME: _____			
LAST	FIRST	MIDDLE	
CURRENT ADDRESS _____			
CITY STATE ZIP COUNTY _____			
SOCIAL SECURITY NUMBER		RACE/SEX	DATE OF BIRTH

AUTHORIZATION TO RELEASE CREDIT BUREAU REPORTS AND INFORMATION Please read carefully and sign.

For and in consideration of my being considered for employment, I hereby authorize the Sarasota County Sheriff's Office to conduct a credit history investigation. I hereby voluntarily waive any privilege or right of confidentiality with respect to any claim or liability providing records to the Sarasota County Sheriff's Office. I have been informed, and I understand that I may obtain a copy of such information reported to the employer by writing or calling the consumer reporting agency listed below.

_____	_____
SIGNATURE OF APPLICANT	DATE

Consumer Reporting Agency currently used by Sarasota County Sheriff's Office is:

Equifax Credit Information Services
1150 Lake Hearn Drive, Suite 460
Atlanta, Georgia 30374-0241
1-800-685-1111