

**DISCLOSURE AND AUTHORIZATION FOR EMPLOYER TO ACCESS CONSUMER REPORTS  
DISASTER RESPONSE COMMUNICATIONS, INC.**

**AUTHORIZATION**

I hereby authorize, without reservation, the obtaining of "consumer reports" or "investigative consumer" reports by DISASTER RESPONSE COMMUNICATIONS, INC. at any time after receipt of this authorization and throughout my employment or volunteer service, if applicable. I further authorize and request, without reservation, any present or former employer, school, police department, state or federal agency, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about me to furnish SecureSearch or DISASTER RESPONSE COMMUNICATIONS, INC. with any and all background information in their possession regarding me, so that my employment qualifications may be evaluated and/or reassessed. I also agree that a fax or photocopy of this authorization with my signature should have the same authority as the original.

By signing below, I certify: (1) that I have read and fully understand this disclosure and authorization; (2) that all of the information I am providing is true, complete, correct and accurate; and (3) that I have received the attached Summary of Your Rights under the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.).

The following is information required in order for DISASTER RESPONSE COMMUNICATIONS, INC. to obtain a complete consumer report:

FULL LEGAL NAME (First, Full Middle Name, Last Name)	
STREET ADDRESS	
CITY, STATE, ZIP CODE	
_____	_____
CONSUMER'S SIGNATURE	DATE

*[You will be asked to list all Counties and States you have lived in since the age of 18.]*