



## **DISCLOSURE** **Regarding Consumer/Investigative Consumer Report**

Please be advised that in connection with your application for employment, your application for volunteer service, your continued employment and/or your continued volunteer service with **Ronald McDonald House Charities® of Southern California** (RMHCSC) and or its programs, RMHCSC may obtain a consumer and/or investigative report that may include information as to your character, general reputation, personal characteristics and mode of living.

This consumer and/or investigative consumer report may reveal information about work habits, including oral assessments of your job performance, experiences and abilities, along with reasons for termination of past employment.

Further, RMHCSCS may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning your past activities relating to your driving record, credit history, criminal record, civil matters, previous employment, educational background and professional licensing if any. To the extent RMHCSC requests information regarding your educational background, civil matters or credit history, RMHCSCS may order such reports from the following Consumer Reporting Agency:

LiveScan  
California Department of Justice  
Attn: Public Inquiry Unit  
P.O. Box 944255  
Sacramento, CA 94244-2550  
(916) 227-3823

You have the right, upon written request made within a reasonable period of time (not to exceed 30 days) after receipt of this notice to receive a written disclosure of the nature and scope of any investigation. You also have the right to obtain a copy of any consumer and/or investigative consumer report obtained by RMHCSC about you by checking the box below. If you check the box below, the consumer and/or investigative consumer report will be provided to you within three business days after such report is provided to RMHCSC:

**I request to receive a free copy of this report by checking this box.**

Under section 1786.22 of the California Civil Code, you have the right to view the file maintained on you by the Consumer Reporting Agency named above during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at the Consumer Reporting Agency identified above in person or by mail. You may also receive a summary of the file by telephone. The Consumer Reporting Agency is required to have personnel available to explain your file to you and the Consumer Reporting Agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

**AUTHORIZATION**  
**Regarding Consumer/Investigative Consumer Report**

I authorize RMHCSC to obtain any consumer and/or investigative consumer report described above. I acknowledge that a fax or copy of this Disclosure and Authorization to Obtain Consumer/Investigative Consumer Report bearing my signature shall be as valid as the original. This authorization is valid for any consumer/investigative consumer report requested at any time during the job application process, the application process for volunteer service, the tenure of my employment and/or the tenure of my volunteer service for Ronald McDonald House Charities® of Southern California.

I understand and agree that this Authorization to Obtain Consumer/Investigative Consumer Report is valid for all federal, state, county and local agencies and authorities, credit bureaus, prior employers, schools attended, and/or other persons to disclose records they may have concerning my social security number, credit worthiness, credit standing, credit capacity, motor vehicle operation history, employment, education, criminal history, or other records to the extent permitted by law.

I acknowledge that I have received a copy of the Summary of Rights pursuant to the Fair Credit Reporting Act (FCRA).

Signature	Date		
Printed Full Name (First, Middle, Last)	██		
Date of Birth (mm/dd/yyyy) (for identification purposes only)	Former Last Names (if applicable)		
Home Telephone	Driver's License #		
Home Address	City	State	Zip

Do you have a "Security Freeze" on your TransUnion credit report? \_\_\_ No \_\_\_ Yes

If yes, please provide the PIN number \_\_\_\_\_