

**---This form is not intended to be legal advice. Consult with a legal professional to ensure you are in compliance with any applicable rules and regulations. Review the ProviderWatch terms of use at [ProviderWatch.com/terms-of-use](http://ProviderWatch.com/terms-of-use). ---**

This is a sample form you can customize to document permission from your applicant to obtain a consumer report from ProviderWatch. You should consider adding a Privacy Notice or Policy on the form so applicants know how you'll protect their information. We encourage you to verify the information provided. For example, view the identification card, contact the employer, validate numbers and email addresses. Applicants may be sensitive about providing their social security number. A social security number is not required to complete an inquiry with ProviderWatch, however, the more verifiable information you have, the more reliable the result.

**--- SAMPLE ---**

## CONSUMER REPORTING AGENCY AUTHORIZATION

We use ProviderWatch, a consumer reporting agency for childcare professionals, to review all applications. Visit [www.providerwatch.com](http://www.providerwatch.com) to learn more.

Applicant Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer phone: \_\_\_\_\_ How long? \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License or ID #: \_\_\_\_\_ State: \_\_\_\_\_

I, \_\_\_\_\_, grant permission for (daycare name) to obtain a consumer report and verify the information provided. This authorization shall be valid in original or copy form.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Co-applicant Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer phone: \_\_\_\_\_ How long? \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License or ID #: \_\_\_\_\_ State: \_\_\_\_\_

I, \_\_\_\_\_, grant permission for (daycare name) to obtain a consumer report and verify the information provided. This authorization shall be valid in original or copy form.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If less than 1 year at current address, provide addresses for the previous 2 Years**

Prior Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Prior Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_