I understand that I have the right to make a request to the consumer reporting agency: Oracle Screening Services Inc, located at 6800 Weiskopf Ave Suite 150 McKinney, TX 75070 (972) 516-3830, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and 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. The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency’s privacy policy at their website: [www.oraclescreening.com](http://www.oraclescreening.com).

I understand that **if the Company is located in: California, Minnesota, or Oklahoma**, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me.

Check here: [ ]

I understand that if I am applying for **employment in New York**, that I have the right to receive a copy of Article 23-A of the New York Correction Law \_\_\_\_\_\_\_\_\_\_\_**(initial if this applies).**

I understand that if the report is provided to an **employer in the State of Washington**, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: **State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104- 3188, (206) 464-7744.**

**New Hampshire registered drivers:** The consent for driving records is valid for only two (2) years and is revocable at any time.

**Personal information** in MVRs means information that identifies you, such as your photograph, social security number, driver’s license number, your name, your address, your telephone number and medical or disability information relating to any license restrictions. Highly restricted personal information includes your photograph or image, social security number, medical or disability information relating to any license restrictions. 18 U.S.C. §2725.

**Acknowledged:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_**

**Signature Date**