

Release & Authorization

ABCTE will procure an investigative consumer report on you in connection with your certification application. Intelius LLC will obtain the report for ABCTE. Your signature to the statement below authorizes, without reservation, Intelius LLC., of 500 108th Avenue NE, 25th Floor, Bellevue, WA 98004, and its agents to conduct a full investigation into your background at any point after this authorization. **DO NOT** submit this form to Intelius. Please submit this form to ABCTE at the address below.

Authorization

I hereby authorize the release of any and all information pertaining to me, documentary or otherwise, as requested by any appropriate employee, agent or representative of Intelius, LLC. I understand that during this background investigation process and in accordance with the Fair Credit Reporting Act, a "consumer report," "consumer credit report," and/or "investigative consumer report" (consumer report) may be obtained is concerning my character, general reputation, personal characteristics, and mode of living. The nature and scope of this investigation may include, but is not limited to; interviews with family, friends, neighbors and associates concerning my employment, credit, education, criminal, and driving history. I release all courts, probation departments, selective service boards, employers, educational institutions, banks, credit bureaus, financial and other institutions, law enforcement and local, state, and federal government agencies without exception, both foreign and domestic, to furnish any and all background information (including, but not limited to, driving and/or motor vehicle records) requested by Intelius, LLC. I understand that this information may be transmitted electronically and authorize such transmissions. I agree that a photocopy of this release shall be accepted with the same authority as the original. Intelius LLC.'s Privacy Policy can be found at <http://www.intelius.com/privacy.php> or obtained by request to the above address.

Please mail or fax the completed form to the address below. To request a copy of this report, please submit a written request to:

**ABCTE, Candidate Services
1225 19th Street, NW Suite 400
Washington, DC 20036
Fax (202) 261-2638**

(Last Name)																													
(First Name)												(Middle Name)																	
(Other Names) List all other NAMES (including maiden or married names) utilized during the previous 7 years and/or used when obtaining any degrees or certifications.																													
Current Address:																													
City & State:															Zip Code:														
Social Security Number:*										Date of Birth: * MM/DD/YYYY																			
Driver's License Number:*															State of Issue:														
Email Address:																													
Please list all addresses where you have resided for the past seven years:																													
(#/Street)										(City)										(State)					(Zip Code)				
(#/Street)										(City)										(State)					(Zip Code)				
(#/Street)										(City)										(State)					(Zip Code)				
Signature:															Date:														

* Social security numbers, dates of birth, and drivers' license numbers are requested to ensure accurate retrieval of records.