

**FLORIDA DEPARTMENT OF LAW ENFORCEMENT
Authorization for Background Check**

APPLICANT'S NAME: _____ **US CITIZEN** **SWORN**

DATE OF BIRTH: ____ / ____ / ____ **SOCIAL SECURITY NUMBER:** ____ - ____ - ____

EMPLOYING AGENCY: _____

NOTE: By signing this application, applicant agrees that the results of this background investigation can be shared at FDLE's initiative with applicant's current supervisor/employer. The Florida Department of Law Enforcement normally will only share information with the applicants employing agency if the scope of the information would lead to a denial of access to the systems requested herein. Information provided in this form that is exempt, or confidential and exempt, from disclosure under Florida public records laws will be stored and maintained accordingly.

Applicant and Supervisor confirm that all included information above is true and correct.

Applicant's Signature

Date

Supervisor's Signature

Date

**DISCLOSURE PURSUANT TO THE
FAIR CREDIT REPORTING ACT (FCRA)**

The Florida Department of Law Enforcement (FDLE) may obtain one or more consumer reports, including but not limited to credit reports, about you, for employment purposes as defined by the Fair Credit Reporting Act, including for determinations related to initial employment, reassignment, promotion, or other employment-related actions.

**CONSUMER'S AUTHORIZATION FOR FDLE
TO OBTAIN CONSUMER REPORT(S)**

I have read and understand the above Disclosure. I authorize the Florida Department of Law Enforcement (FDLE) to obtain one or more consumer reports on me, for employment purposes, as described in the above Disclosure.

Printed Name of Applicant: _____

Signature of Applicant: _____ Date: _____

This form must accompany an application for access to InSite. Failure to submit this form will result in denial of access to the system.