



STATE OF DELAWARE
 DEPARTMENT OF SAFETY AND HOMELAND SECURITY
 DIVISION OF STATE POLICE
 P.O. Box 430
 DOVER, DELAWARE 19903

AUTHORIZATION FOR RELEASE OF INFORMATION – CREDIT REPORT

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
SOCIAL SECURITY NUMBER	DATE OF BIRTH	PLACE OF BIRTH	
CURRENT ADDRESS (NUMBER, STREET, APT NO., CITY OR TOWN, STATE, AND ZIP CODE)			
TELEPHONE NUMBER			

I, _____ do hereby authorize the Delaware State Police, and any duly authorized personnel, to obtain my credit reports from any consumer or credit reporting agency for employment purposes.

The Fair Credit Reporting Act, as amended (15 U.S.C. § 1681, et seq.) allows the Delaware State Police to get one or more credit reports on you for employment. Should a decision to take any adverse action against you be made, based either in whole or in part on the credit report, you should know that the consumer or credit reporting agency that provided the report has played no role in the decision to take action.

The Delaware State Police is requesting an investigation to determine your fitness to work for, or on behalf of the State of Delaware. The information in this authorization will be given to the consumer or credit reporting agency so that the agency will release information about you and your credit history.

I, the undersigned, understand that the information released by records custodians and sources of information is for official use by the Delaware State Police, all affiliated agencies and departments, to determine suitability and/or fitness for employment on behalf of the State of Delaware.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signatures. I agree to indemnify and hold harmless employees, from and against all claims, damages, losses, and expenses, including reasonable attorney’s fees arising out of or by reason of complying with this request.

Applicant Signature _____
Date

(NOTARY SEAL)

Signature of Notary Public _____
Date