

Credit Report Release Consent Form

I hereby authorize the release of my credit report to the parties listed below for the purpose of evaluating my creditworthiness in connection with:

Purpose:

Full Name:

Address:

City:

State:

ZIP:

Date of Birth:

Social Security Number (SSN):

Release To (Name/Firm):

I acknowledge that this authorization is made voluntarily and that a copy of this consent form may be accepted as an original.

Signature:

Date:

