



**DISCLOSURE REGARDING BACKGROUND INVESTIGATIONS**

**Background Investigations Notice:** \_\_\_\_\_ may obtain information about

(Company / Requestor Name)

You for employment/tenant purposes from a third party consumer reporting agency. Thus, you may be the subject of a “consumer report” and/or as “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, and associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks.

**Reporting Agency:** This report will be procured by Special Investigations and Security Experts LLC. , 203 N. LaSalle #2100, Chicago, IL. 60601, Phone 312-409-0788 or toll free (844) 409-0788, [www.spwcialinvestigations.us](http://www.spwcialinvestigations.us).

**Right to Request:** You have the right, upon written request made within a reasonable amount of time, to request whether a consumer report has been run about you and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Phone 312-409-0788**  
**Fax 847-245-3502**  
**specialinvestigations.us**  
**203 N. LaSalle Suite 2100**  
**Chicago, Illinois 60601**



# SPECIAL INVESTIGATION AND SECURITY EXPERTS L.L.C.

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SIGNED AND DATED BY APPLICANT A COPY OF CONSENT (WAIVER) AND DISCLOSURE FORM (STAND ALONE) FORWARDED TO SPECIAL INVESTIGATIONS AND SECURITY EXPERTS L.L.C.: DELIVERED BY:

FAX [ ] EMAIL [ ] OTHER [ ] \_\_\_\_\_

DATE AND TIME OF REQUEST: \_\_\_\_\_

METHOD OF PAYMENT: CHECK [ ] MONEY ORDER [ ] OTHER [ ]

THE REQUESTOR HEREBY AGREES TO FULLY COMPLY WITH ALL OF THE REQUIREMENTS OF APPLICABLE FEDERAL AND STATE LAWS, THE FAIR CREDIT REPORTING ACT (FCRA), EQUAL OPPORTUNITY, AND FINANCIAL PRIVACY LAWS. REPORTS PROVIDED BY SPECIAL INVESTIGATIONS AND SECURITY EXPERTS L.L.C. ARE FOR THE PURPOSES STATED AND ARE NOT TO BE USED FOR ANY OTHER PURPOSE OR RE-SALE.

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REQUESTOR'S SIGNATURE

DATE

203 N. LaSalle, SUITE 2100, CHICAGO,  
ILLINOIS 60601 PHONE 312-409-0788

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# SPECIAL INVESTIGATION AND SECURITY EXPERTS L.L.C.

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## STEP BY STEP INSTRUCTIONS:

- STEP ONE:** ON THE CONSENT FOR RELEASE OF INFORMATION FORM (WAIVER) PLACE YOUR NAME OR YOUR COMPANIES NAME IN THE REQUESTOR SPACE PROVIDED.
- STEP TWO:** INDICATE THE TYPE OF BACKGROUND CHECK REQUESTED BY MARKING THE APPROPRIATE BOX.
- STEP THREE:** PROVIDE THE CONSENT FOR RELEASE OF INFORMATION FORM (WAIVER), DISCLOSURE FORM (STAND ALONE), FOR COMPLETION AND THE SUMMARY OF RIGHTS UNDER FCRA TO THE APPLICANT.
- STEP FOUR:** OBTAIN A VERIFIED (BY COMPARING THE INFORMATION PROVIDED IN WRITING ON THE FORMS BY THE APPLICANT TO A GOVERNMENT ISSUED PHOTO IDENTIFICATION CARD) SIGNED AND DATED CONSENT OF RELEASE OF INFORMATION (WAIVER) FORM AND SIGNED AND DATED (STAND ALONE) DISCLOSURE FORM FROM THE APPLICANT.
- STEP FIVE:** COMPLETE THE COMPLIANCE AGREEMENT FORM AND SIGN AND DATE SAME AT THE BOTTOM OF THE AGREEMENT.
- STEP SIX:** FORWARD BOTH THE CONSENT FORM, DISCLOSURE FORM AND THE COMPLIANCE AGREEMENT FORM TO SPECIAL INVESTIGATIONS AND SECURITY EXPERTS BY FAX (847-245-3502), EMAIL (JACK@SPECIALINVESTIGATIONS.US), OR ELECTRONICALLY THROUGH AN APPROVED MEMBER ACCOUNT.

203 N. LaSalle, SUITE 2100, CHICAGO,  
ILLINOIS 60601 PHONE 312-409-0788

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