



Disclosure Authorization and Release of Information Form

Notice to Applicant Regarding Background Check

In order to safeguard those we serve, **MMAP, Inc.** will acquire consumer reports on you. **MMAP, Inc.** may obtain additional consumer reports at any time during your service as a MMAP Team Member in order to evaluate your continued suitability for MMAP service. **MMAP, Inc.** has contracted with **IntelliCorp, Inc.**, a consumer reporting agency, to provide the consumer reports. **IntelliCorp** may be contacted by mail at **IntelliCorp, Inc., Compliance Department, 3000 Auburn Dr., #410, Beachwood, OH 44122**

The types of information that may be obtained include, but are not limited to, Social Security number verification, sex offender registry checks, criminal records checks, inmate records searches, court records checks and Office of Inspector General Searches for excluded or sanctioned entities. The information contained in these consumer reports may be obtained by **IntelliCorp, Inc.** from public record sources. **The consumer reports will not include credit record checks.**

The nature and scope of the consumer reports are described above. Nonetheless, you are entitled to request a complete and accurate disclosure of the nature and scope of such reports by submitting a written request to **IntelliCorp, Inc.** at the address listed above.

Applicant's Acknowledgment and Authorization

I have carefully read this notice and authorization form and I hereby authorize **MMAP, Inc.** and **IntelliCorp, Inc.** to acquire a consumer report, which as described above will include information relating to my criminal history as received from reporting agencies. I understand that this information will be used to determine my eligibility for a Team Member position with **MMAP, Inc.** I also understand that as long as I remain a MMAP Team Member, additional consumer reports may be procured at any time. I understand that if **MMAP, Inc.** chooses to revoke my participation or not to accept my application based on information contained in a consumer report, I will receive a summary of my rights under the Fair Credit Reporting Act and contact information for the reporting agency, **IntelliCorp, Inc.** I agree that a facsimile (fax), electronic or photographic copy of this authorization shall be as valid as the original.

Please Print:

Last Name _____ First _____ Middle _____ Region: _____

Other names you may either be or have been known by, within the last 7 yrs, (maiden name, birth name, nicknames, etc).

Address _____
Number and street City Zip code

Social Security No. _____ Date of Birth** _____

***This information will be used for background screening purposes only and will not be used as selection criteria.*

Email: _____

Signature: _____ Date: _____

Fax to: 517-886-1305 or mail to MMAP, Inc. Ste. 204, 6105 W. St. Joseph Hwy. Lansing, MI 48917