



**AUTHORIZATION TO OBTAIN CONSUMER REPORTS OR
INVESTIGATIVE CONSUMER REPORTS**

I understand and agree that *Maui County Federal Credit Union* may obtain one or more consumer report(s) and/or investigative consumer report(s) about me, which may include, among other things, information as to my character, general reputation, personal characteristics and mode of living. Information for this report may be obtained through personal interviews with my former employers, friends, acquaintances or others who may have knowledge concerning any such information.

I further understand that the information contained in the consumer report and/or investigative consumer report will be used for the purpose of evaluating me for employment.

I understand that I have the right to request in writing a complete and accurate disclosure of the nature and scope of the consumer report or investigative consumer report which is the subject of this authorization. My written request to *Maui County Federal Credit Union* shall be addressed to: 1888 Wili Pa Loop Wailuku, HI 96793, Attn: Human Resources.

I acknowledge that I have been provided with a copy of “**A Summary of Your Rights Under the Fair Credit Reporting Act.**”

I also specifically give *Maui County Federal Credit Union* and its authorized agent(s) permission to request information concerning records of my conviction of a crime in any state or federal jurisdiction. I understand that no criminal conviction check regarding me will be obtained by Maui County Federal Credit Union until I am given a conditional offer of employment.

Print Name

Social Security Number

Signature

Date