

**DISCLOSURE TO INDIVIDUAL
REGARDING PROCUREMENT OF
A CONSUMER REPORT**

I hereby authorize ResTrust LLC to confirm my work or business experience, any professional certifications, qualifications or licenses, and education from a consumer reporting agency.

I hereby release from liability ResTrust LLC, any consumer reporting agency from which it obtain such information, and any person or organization providing such information about me to the consumer reporting agency or ResTrust LLC and agree that I will not bring any action against any such person or entity based on the information provided. I agree that a photocopy of this authorization may serve as an original.

Name: _____

Maiden Name if applicable: _____

Signature: _____

Date: _____

Individual: Please sign and fax this release back to ResTrust at 954.208.0304