

EXPLICIT CONSENT FOR DPAA, GLB AND FCRA-BASED  
BACKGROUND SCREENING AND EVALUATION

I hereby authorize and provide by explicit written consent to the recipient of this document to obtain, collect and gather an Investigative Consumer Report or Credit Report, as defined by Title 15, Section 1603, Federal Fair Credit Reporting Act, for purposes of evaluating my application for services, to include tenant screening, identity verification, fraud prevention and extension of credit.

I do hereby consent to permit the obtaining of said reports and retention thereof for purposes of said evaluation and analysis as indicated by my signature below. I hereby acknowledge that I have reviewed, understand and agree with the explicit Permissible Purposes under the Graham-Leech-Bliley Act, Driver's Privacy Protection Act, and the Federal Fair Credit Reporting Act, as indicated by execution below.

This explicit consent in writing is done for the purposes of doing an evaluation and analysis of various database searches and information contained within said databases by the ordering party.

Reports that may be obtained include, but are not limited to single or multiple source Consumer Credit Report(s), and State Driving Record also known as a MVR report, depending on a number of factors within my application. Data may also include internally or externally aggregated data, public, private, proprietary and restricted access information from multiple sources, the ultimate sources of which are both known and unknown to the ordering party or its affiliates. I also give my explicit consent to provide a copy of my unredacted report to those persons or organizations that I consent to in writing, specifically including Olympic Property Management, and to no others.

**LAST NAME**                                      **FIRST NAME**                                      **MIDDLE NAME**                                      **SUFFIX**

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Driver's License Number and State

\_\_\_\_\_

\_\_\_\_\_  
Street Address (Street Number, Name of Street, and Direction)

Email address (required)

\_\_\_\_\_

\_\_\_\_\_  
City

State

Zip Code

X

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date