

**AUTHORIZATION OF AND DISCLOSURE TO PROGRAM PARTICIPANT REGARDING OBTAINING A CONSUMER REPORT TO VERIFY EMPLOYMENT**

**Please note that declining to sign this authorization form does not impact your eligibility to receive services.**

One of our goals as we work with you in the WIOA and/or TANF programs is to assist you in obtaining employment. As such, we may need to obtain employment, hours worked, and wage information from you or your current and/or past employers. If we are unable to reach you or your employer, we may need to obtain your employment and wage information from a consumer report. Please be advised that you have the right to request, in writing and within a reasonable time that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within five (5) business days of the date on which the Company receives the request from you or within five (5) days of the time the report was first requested.

The consumer report will be processed by:

TALX Corporation  
11432 Lackland Road,  
St. Louis, Missouri  
314-214-7000

The Fair Credit Reporting Act, 15 U.S.C. § 1681, is a federal law that regulates the collection of consumers' credit information and access to their credit reports. It also gives you specific rights in dealing with consumer reporting agencies. A copy of these rights is summarized on the attached document and may also be found at [www.ftc.gov/credit](http://www.ftc.gov/credit).

**AUTHORIZATION TO OBTAIN A CONSUMER REPORT**

I, the undersigned consumer, do hereby authorize Arbor E&T, LLC dba Equus Workforce Solutions, the service provider for Workforce Solutions Rural Capital Area by and through the listed agencies above to procure a consumer report on me.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same Arbor E&T, LLC dba Equus Workforce Solutions, the service provider for Workforce Solutions Rural Capital Area by and through the agencies listed above.

I understand that I will be notified in writing if Arbor E&T, LLC dba Equus Workforce Solutions procures an additional or different consumer-reporting agency.

I understand that this Authorization form shall remain in effect for the entire period for which I receive WIOA and/or TANF services from Arbor E&T, LLC dba Equus Workforce Solutions, the service provider for Workforce Solutions Rural Capital Area, unless I revoke it in writing.

I certify that the information contained on this Notice/Authorization and Release form is true and correct.

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

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

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

This document contains vital information about requirements, rights, determinations, and/or responsibilities for accessing workforce system services. Language services, including the interpretation/translation of this document, are available free of charge upon request.