

ST. LOUIS AREA REGIONAL ELECTRONIC LOCKBOX SYSTEM BACKGROUND CHECK RELEASE

[Note: This completed release form must be returned to the email at the bottom.]
THIS PAGE CONTAINS SENSITIVE INFORMATION, KEEP ONLY IN SECURE FILES

1. In connection with my request to become a Keyholder, as defined in the Common Lockbox Rules for the St. Louis Area Regional Electronic Keybox System, I understand that a thorough background check may be requested, involving information as to my character and criminal history. I further understand information may be requested from public and private sources about my: criminal record and any civil filings and/or bankruptcies. These reports may be obtained, if I become a Keyholder, throughout the period of time in which I am a Keyholder.
2. I acknowledge that an email copy, telephonic facsimile (FAX), or photographic copy shall be as valid as the original. This release is valid for most federal, state, county, and local agencies.
3. I hereby authorize without reservation, any law enforcement agency, institution, information service bureau, court, administrative agency, or other entity contacted to furnish the information described in Section 1.
 - a) I acknowledge and expressly authorize that any information or reports obtained can be shared with all the Associations participating in the St. Louis Area Regional Electronic Lockbox System. This request for information described in Section 1 above was requested by the St. Charles REALTORS®.

I understand that upon my written request to the email address listed at the bottom of this page, DISA will provide a copy of my report and a Summary of Rights under the Fair Credit Reporting Act.

RELEASE INFORMATION APPLICANT COMPLETE THE FOLLOWING

Today's date _____ Email _____

Signature _____ Print full name _____

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purposes.

Please print other last names you have used _____

Home address _____

Social Security Number _____ Date of Birth _____

Driver's License Number _____

Name as it appears on license _____ State issuing license _____

Sex: M F