

Fax to: Mary Jo LaEace, HTT-Agency  
Fax: 513-741-2106

Please return to: Barb Beckelhimer  
Fax: 513-721-0340

**DISCLOSURE UNDER  
FAIR CREDIT REPORTING ACT AND  
CONSENT TO PROCUREMENT OF CONSUMER REPORT FOR  
EMPLOYMENT PURPOSES**

The undersigned hereby authorizes the Epilepsy Foundation of Greater Cincinnati, (the “employer”) or its insurance agency, HTT-Agency, or its assigns, to obtain copies of consumer reports, including a motor vehicle report, pertaining to me for employment purposes, and for use in rating and/or underwriting insurance for which the above-named employer may apply, and any renewal thereof. I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I do hereby authorize such use.

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

Printed Name: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

Driver’s License Number: \_\_\_\_\_

State Licensed In: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

<p><b><i>For agency use only</i></b></p> <p>Approved: _____</p> <p>Declined: _____</p>
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