

# ST. LOUIS AREA REGIONAL ELECTRONIC KEYBOX 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 Keybox Rules for the St. Louis Area Regional Electronic Keybox System, I understand that a thorough "consumer report" and/or "investigative consumer report" (collectively, "background checks") may be requested, involving information as to my character, criminal and financial history, general reputation, personal characteristics, and mode of living. 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 to **DISA Global Solutions, 10900 Corporate Centre Drive, Suite 250, Houston, TX 77041, (800) 752-6432, www.disa.com.**
4. 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, including St. Louis REALTORS®, St. Charles REALTORS®, Southern Gateway Association of REALTORS®, Franklin County Board of REALTORS®, East Central Board of REALTORS®, and Mineral Area Board of REALTORS®.
5. I understand that it is my right upon my written request to the **Southern Gateway Association of REALTORS®** to receive more information about the nature and scope of the background check. I further understand that have the right, upon written request made to the email address at the bottom of this page, to request (1) a copy of the background check and (2) a Summary of Rights under the Fair Credit Reporting Act.

## RELEASE INFORMATION APPLICANT COMPLETES 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 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Name as it appears on license \_\_\_\_\_ State issuing license \_\_\_\_\_ Sex:  M  F