



LEUGERS

Insurance Agency, Inc.

Reliable. Knowledgeable. Professional.

DISCLOSURE AND AUTHORIZATION TO PROCURE A CONSUMER REPORT FOR EMPLOYMENT PURPOSES

The undersigned hereby authorizes _____ or its insurance agent, Leugers Insurance Agency, Inc., 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.

Complete Formal Name

Social Security Number

Signature

State

Driver's License Number

Address

Date of Birth

City / State / Zip Code