

**BACK SIDE**  
**To be completed by HSP Customer**

**CUSTOMER INFORMATION:**

**FULL PRINTED NAME (including middle name):**

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**First** **Middle** **Last**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**COMPLETE RESIDENCE ADDRESS:** \_\_\_\_\_  
**Street Number/P.O. Box** **Street Name**

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**City** **State** **Zip Code** **County**

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**HOME SERVICES CASE NUMBER:** \_\_\_\_\_

**DAYTIME TELEPHONE NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

 **Please note, we are unable to process a background investigation without your Home Services Case Number.**

**RETURN COMPLETED FORM TO:**  
**Mind Your Business, Inc**  
**500 Beverly Hanks Center**  
**Hendersonville, NC 28792**  
**Phone: (828) 698-9900**  
**Fax: (828) 698-9918**



**FRONT SIDE**  
**To be completed by Personal Assistant**

**AUTHORIZATION AND RELEASE FOR THE PROCUREMENT  
OF A CONSUMER AND/OR INVESTIGATIVE REPORT**

I, the undersigned consumer, do hereby authorize \_\_\_\_\_, by and through its independent contractor, MIND YOUR BUSINESS, INC. ("MYB"), to procure a consumer report and/or investigative consumer report on me.

These above mentioned reports may include, but are not limited to, a social security number verification; criminal and civil history/record; and any other public record; and any other information bearing on my credit standing, credit capacity, worthiness, character, general reputation, personal characteristics, trustworthiness and/or mode of living.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report prepared on me upon written request to MYB that is made within a reasonable time after the date hereof.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to MYB, including but not limited to, any courthouse, any public agency, any and all law enforcement agencies and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources, *including alcohol and controlled substance information from previous employers.*

I hereby release MYB and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, to me, my heirs, or others making such claim or demand on my behalf, for procuring, selling, providing, brokering, and/or assisting with the compilation or preparation of the consumer report and/or investigative consumer report hereby authorized.

**PERSONAL ASSISTANT**

PRINTED

NAME: \_\_\_\_\_  
                    First                                    Middle                                    Last                                    Maiden/Other

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

COMPLETE RESIDENCE ADDRESS: \_\_\_\_\_  
  Street Number/P.O. Box  Street Name

\_\_\_\_\_  
City  State  Zip Code  County

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DAYTIME TELEPHONE NUMBER: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_\_\_

\* **This information is voluntary. However, without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background search.**