



Credit Report Release Form

(Please type or print in black ink)

My name is _____, I reside at _____, city of _____, state of _____, zip _____ . I am possessed of sound mind and body and am legally competent to execute this release. I hereby authorize IntelliCorp Records, Inc. to access my credit report in connection with the credentialing process associated with TransUnion.

I certify that I have read this release, that I understand the significance of same, and have voluntarily signed my name on this the _____ day of _____, 20__.

Signature: _____

SSN: _____

Date of Birth: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Tax ID Number or SSN: _____

Please Note: This document must be witness by two (2) witnesses or notarized by a Notary Public.

Witness

Address

City State Zip

Witness

Address

City State Zip

Sworn to and subscribed before me on this _____ day of _____, 20__.

Notary Public

My commission expires: _____