

CONSENT TO RELEASE OR OBTAIN INFORMATION
and
CONTACT PROFESSIONAL REFERENCES

It is important to have prospective Lessors doing business with the Commonwealth of Pennsylvania complete this form to ensure that they possess and maintain high standards of honesty and integrity.

This is a consent for release of information regarding the prospective Lessor, listed below, including individuals owning 30 percent or more of a corporation or LLC, any and all partners (limited or general), sole proprietor or any other Lessor entity.

(Name of Lessor)

Social Security No:

Employer Identification No:

I authorize the Commonwealth of Pennsylvania, acting through the Department of General Services and the Office of Inspector General, to obtain the following public and non-public information. **See attached Authorization for the Release of a Pre-Employment Credit History (Attachment 1) and Office of Inspector General's Authorization for the Release of Information (Attachment 2).**

- Aliases Used by New Business
- Criminal Records
- Department of Transportation Records
- Department of Revenue and Business Tax Records
- Local Tax Records
- Bankruptcy Records
- Pre-Award Credit History
- Department of Labor and Industry Wage Records
- Professional License Records
- Real Property Interests
- Civil and Criminal Litigation

List of all states and counties wherein prospective Lessor does business or acts as a Landlord/Lessor, if applicable:

Physical location of business home office or headquarters (P.O. Box address not acceptable):

List of all other state governments with which prospective Lessor does business, if any:

List of any prior disqualifications, suspensions, and/or debarments by the Commonwealth of Pennsylvania and other states, federal agencies, local agencies, and/or other agencies (such as cities, public authorities, public commissions and other public entities):

Proof of Small Disadvantaged Business Qualification, if applicable:

Proof of Small Diverse Business Letter with Certification number, if applicable:

Name, address & professional license number of Agent, if applicable:

| |
|--------------|
| Name: |
| Address: |
| |
| License No.: |

List three or more tenant references with contact information:

| Name | Name | Name |
|-----------|-----------|-----------|
| Address | Address | Address |
| | | |
| | | |
| Phone No. | Phone No. | Phone No. |
| Email | Email | Email |

I understand that I have the right to see this information at any time. I understand that I can revoke this consent in writing to both the person providing and the person receiving this information. Any information already released may be used as stated on the consent. I understand the requested or provided information is needed to do business with the Commonwealth. This consent is valid only until the termination date of the lease, if awarded.

This consent is not automatically renewable. By my signature below, I affirm that I have read this release or it has been read to me, and I understand its content.

Lessor Signature

Date: _____

Lessor Current (Residential) Address:



NOTICE: Under the Fair Credit Reporting Act, a credit report may be obtained for employment purposes. *See* 15 U.S.C. § 1681 *et seq.* Please sign and return the release on the reverse side of this document, which authorizes the Office of Inspector General to obtain a pre-employment credit history.

Please Return This Copy To The Commonwealth

Authorization for the Release of a Pre-Employment Credit History

I, _____, do hereby authorize the Inspector General or one of her authorized agents to obtain a pre-employment credit report.

The Office of Inspector General will obtain this pre-employment credit report for employment purposes only and my consent is conditioned upon the understanding that all information obtained by the Office of Inspector General shall be used only for the purposes for which it has been obtained.

Signature

Social Security Number

Date

Please Return This Copy To The Commonwealth



NOTICE: Under the Fair Credit Reporting Act, a credit report may be obtained for employment purposes. *See* 15 U.S.C. § 1681 *et seq.* Please sign and return the release on the reverse side of this document, which authorizes the Office of Inspector General to obtain a pre-employment credit history.

Please Retain This Copy For Your Records

Authorization for the Release of a Pre-Employment Credit History

I, _____, do hereby authorize the Inspector General or one of her authorized agents to obtain a pre-employment credit report.

The Office of Inspector General will obtain this pre-employment credit report for employment purposes only and my consent is conditioned upon the understanding that all information obtained by the Office of Inspector General shall be used only for the purposes for which it has been obtained.

Signature

Social Security Number

Date

Please Retain This Copy For Your Records

**AUTHORIZATION FOR THE RELEASE
OF INFORMATION**

I, _____, do hereby authorize the Office of Inspector General or one of its authorized agents to research and copy records including, but not limited to, financial; school; judicial; armed services; Federal, state and local law enforcement; motor vehicle and driving safety; and any other documents, data, and information that may be necessary and practical in order to conduct an investigation; and to contact past and present employers as well as professional references for information. I also authorize the release of the above mentioned records to the Office of Inspector General or one of its authorized agents, including records under the following names I have formerly used:

Name (Please Print)

Name (Please Print)

I also authorize any and all local tax authorities to provide to the Office of Inspector General copies of all tax records in its possession concerning and filed by me or by any entity for which I possess an ownership interest. I expressly waive any right to the confidentiality of said records I may have under the Pennsylvania Local Tax Enabling Act, 53 P.S. § 6901 *et seq.*, or any other statute.

My consent, however, is conditioned upon the understanding that all records, data, and information obtained by the Office of Inspector General shall be used only for the purposes for which it has been obtained.

Signature

Date of Signature

Date of Birth

Social Security Number

Current Residential Address

City, State, Zip Code