



# Reno/Sparks Association of REALTORS® Credit Report Authorization Form

The undersigned hereby authorizes the REALTOR® office specified below to run a credit report. I understand that the report will be obtained solely for the purpose of tenant screening. In the event of an adverse action based on the credit report, I may request a copy of the credit report from TransUnion Consumer Relations, 2 Baldwin Place, PO Box 1000, Chester, PA 19022; 800-888-4213 or www.transunion.com/myoptions.

### Tenant Information *(An asterisk (\*) denotes a required field.)*

\*Name \_\_\_\_\_ \*Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Please print

\*Name \_\_\_\_\_ \*Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Please print

### Current Address

\*Address \_\_\_\_\_

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

### Previous Address (If less than one year at current address)

Address \_\_\_\_\_

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

\*Prospective Tenant Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Prospective Tenant Signature \_\_\_\_\_ Date \_\_\_\_\_

### REALTOR® Office Information

The undersigned agrees to retain this authorization for a minimum of three (3) years from the date of inquiry.

\*Agent Name \_\_\_\_\_ \*Agent # \_\_\_\_\_ \*Phone # \_\_\_\_\_

\*Office Name \_\_\_\_\_ \*Office # \_\_\_\_\_ \*Fax # \_\_\_\_\_

\*Agent Authorization Signature \_\_\_\_\_ \*Date \_\_\_\_\_

Reno/Sparks Association of REALTORS® processes credit reports between 9:00 a.m. – 4:30 p.m. Monday – Friday. Please fax this completed form to 775-823-8805 before 4:30 p.m. for same day report. Broker must have subscription to this service. Reports cannot be processed for yourself, family members or other Reno/Sparks Association of REALTORS® members. If you have any questions contact the Association at 775-823-8800.

### For Reno/Sparks Association of REALTORS® office use only.

Date processed \_\_\_\_\_ Staff initials \_\_\_\_\_

Date invoiced \_\_\_\_\_ Invoice number \_\_\_\_\_