



Consumer Authorization and Release to Request Credit Report

I hereby authorize First Advantage Credco, LLC doing business as First American Credco and CBA Information Solutions (collectively, "FAC") to obtain my consumer report/credit information, credit scores and other enhancements to my consumer report (hereinafter collectively referred to as "Report") from one or more of the three national credit repositories (Equifax, Experian, Trans Union) and provide a copy of the Report to my housing counseling agency, Dakota County Community Development Agency ("Counselor") for Counselor to provide housing counseling services. This authorization is intended to comply with a consumer report request as set forth in 15 U.S.C. 1681b(a)(2). Counselor may charge a fee of \$10 per person for actual cost of the Report with the completion of a Pre-Purchase Appointment. Without a Pre-Purchase appointment, the counselor may charge \$22.45 per person (full cost of the report).

I acknowledge that the Report is provided "AS IS" and that FAC makes no representation or warranty, express or implied, including, but not limited to, implied warranties of merchantability or fitness for a particular purpose and implied warranties arising from a course of dealing or a course of performance with respect to the accuracy, validity or completeness of the report or that it will meet my needs and FAC expressly disclaims all such representations and warranties.

I recognize that the accuracy, validity or completeness of the Report provided by FAC is not guaranteed by FAC and I hereby release FAC and FAC's parent, sister, affiliated companies, successors and assigns and its and their directors, officers, agents, employees and independent contractors (collectively, "FAC's Affiliates") from any liability for any negligence in connection with the preparation of the Report and from any loss, damages, expenses, costs or obligations of any kind and nature whatsoever suffered by me resulting directly or indirectly from the inaccuracy, invalidity or incompleteness of the Report.

I covenant not to sue or maintain any claim, cause of action, demand, cross action, counterclaim, third party action or other form of pleading against FAC or FAC's Affiliates for damages based upon the inaccuracy, invalidity or incompleteness of any Report provided by FAC hereunder.

If one or more provisions, or a portion of a provision of this document are held for any reason to be invalid, illegal or unenforceable, such invalidity or illegality or unenforceability will not affect any other provisions of this document, and this document will be construed as if such invalid, illegal or unenforceable provision had not been contained herein.

NAME: _____

SOCIAL SECURITY #: _____ **DATE OF BIRTH:** _____

SPOUSE'S NAME: _____

SOCIAL SECURITY #: _____ **DATE OF BIRTH:** _____

CURRENT ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

SIGNATURE: _____ **DATE:** _____

SPOUSE SIGNATURE: _____ **DATE:** _____