I acknowledge that I have been provided a copy of consumer's rights under the Fair Credit Reporting Act. I agree that a copy or fax of this authorization has the same effect as an original.

_	understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights (initials).
P	Printed Name: Marcie C. Frost
C	Other or Former Names:
	Signature:
D	Date: Oblistic Contact (phone or email):
S	Social Security No.:; Date of Birth:
D	Drivers License No.: ; State of Issue:   Dishirator
A	Address:
I	Highest School or University Attended: Evergreen State College (not dog veed yet)
C	Graduation Date or Dates Attended (mm/yy): 2014
/-	vent Prior Employer: Department of Retirement Systems
P D	DO NOT LIST CURRENT (Company Name)
N	NOT TO BE CONTACTED
_	6835 Capital Boulevard - Tumbater, 104 98501
	Company address and main priorie #7
	Prior Employer: Demarkment of Cabor & Thoustnes —
P	(Company Name)
_	1273 Underson - Tumwaker, WA 98501 (Company address and main phone #)
	(Company address and main phone #)
	(Supervisor Name & Title) (Supervisor's Phone #)
P	Professional License: (if applicable) (State) (Number) (Expiration Date)
	* Upon completion please fax this form to 484-971-2453 or scan and secure email to <a href="mailto:afitzgerald@securicheck.com">afitzgerald@securicheck.com</a>
	position at wescu between two listed employers above washington State Employees Evadit Union
eld	position at well server French (Inlan
	- Washington State employees Creat Const