

APPLICANT INSTRUCTIONS  
TO FORM 002 Entitled Application for Employment or Volunteer Appointment

The Episcopal Diocese of Utah takes background checks and confidentiality seriously. As you complete the following pages, please help us be good stewards of our resources and time and do the following:

- Print legibly or type your responses.
- Carefully complete information requested accurately and fully. Where a contact person or immediate supervisor is asked, provide their full name and complete mailing address, including zip code, a telephone number and email should you have that available.
- For churches, be sure to provide where to reach the contact person if they do not physically work at the church.
- In the box on page 12 of the Application, initial the appropriate line. Most positions do not require a credit check, and the top line should be initialed. However, if you are a clergy person; a Diocesan or parish treasurer; or if the responsibilities of the position will require the routine handling of money or issuance of checks, you should initial the second option in the box on page 12. The hiring executive/parish priest should be able to assist you in determining which box to initial. If you require further assistance, please call the number below.
- **VERY IMPORTANT:** Be sure you sign the authorization in front of a witness and have the witness sign the form also.
- **VERY IMPORTANT:** If you are under the age of 18 you should sign before a witness and also have your parent or legal guardian sign the authorization before a witness. The witness in each instance should be someone over the age of 18. If a parent or guardian's signature is necessary, the same witness may sign.

General Information:

- You should have received with the Application a document entitled "Consumer Summary, a Summary of Your Rights Under the Fair Credit Reporting Act," Form 006. If not, request one.
- If you are working with youth, you should also have received a copy of the Policy on Protection of Children and Youth from Abuse, Policy Number P008, and the Code of Conduct, Form 004. After reading the policy, you should sign the Code of Conduct Acknowledgement Form and return it to the hiring executive/parish priest.
- To maintain confidentiality and safeguard information such as your Social Security number, the Application form should not be given to someone else to mail. You may be asked to copy Part A for, or provide Part A of the Application for copying by, the hiring executive. However, the entire document should be mailed directly by you, the applicant.
- If you have not been provided an accompanying confidential envelope (from parish or hiring executive), place the completed Application in an envelope marked "Confidential," and hand-deliver or mail to:

Stephen F. Hutchinson, Esq.  
Episcopal Diocese of Utah  
75 South 200 East  
Salt Lake City UT 84111-2147

- If you have questions about the form, please contact Angela Rogers at 801-322-4131.

Thank you for your cooperation.

APPLICATION FOR EMPLOYMENT  
OR VOLUNTEER APPOINTMENT

THE EPISCOPAL DIOCESE OF UTAH

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(Parish, School or Agency)

The Diocese and the above-named Parish, School or Agency need information about all clergy and lay employees, as well as for all volunteers who regularly supervise activities for, or minister to, minors or vulnerable adults. We seek this information in an attempt to reduce the risk that persons who may have a history or propensity for misconduct are placed in a position that could result in charges of Sexual Misconduct being made.

All clergy prior to ordination or acceptance into the diocese, and lay employees, and all volunteers who regularly supervise activities for, or minister to, minors or vulnerable adults in the Episcopal Church in Utah (in Parish, Mission, Camps, Day Schools, Diocesan Institutions, Diocesan Ministries, etc., but excluding unpaid Sunday School teachers), are being asked to complete this document. The questions are not meant to question your integrity. The Church is concerned about the safety of all people including our young people. It is also concerned about protecting you and your ministry, as well as protecting the ministry of the Church. We must have information in order to do both.

Some of the information being requested may duplicate what is asked for in other materials. Please bear with the burden of providing it again. The confidentiality of your responses to this questionnaire will be honored and therefore this questionnaire will be reviewed by the Office of the Chancellor. If you are unable to answer one or more of these questions, you may call Stephen Hutchinson at 801-322-4131 to discuss the matters personally. **However, if you do not call, we will consider an incomplete application as a confidential request that you be withdrawn from further consideration for this position.**

Thank you for your cooperation.

Please fill out and return  
ONLY in confidential envelope  
Provided with this application

**The information in this Part A is not necessarily considered confidential.**

If you need more space to respond to a question, feel free to attach additional pages so that your answers may be complete.

**PART A:** Today's Date: \_\_\_\_\_

Position you hold or will hold with the Diocese of Utah: \_\_\_\_\_

at Parish/Organization: \_\_\_\_\_

Is this position a:     paid position **or**     volunteer position

How many hours per week you typically will work or volunteer in this position?  
\_\_\_\_\_

**PERSONAL INFORMATION**

1. Name: \_\_\_\_\_  
Last First Middle

For correspondence to you, please indicate:

Mr.  Miss/Ms.  The Rev.  Other  , please indicate: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of Residency at the above address (years lived at above): \_\_\_\_\_

Telephone number(s):

Home: (\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_

Best time to contact you: \_\_\_\_\_

Email address: \_\_\_\_\_

I HAVE a valid driver's license  [more information is requested later in form]

Are you legally eligible to work in this country?  Yes  No

*Note: If you are chosen for a paid position, you will be required to show documents verifying your employment eligibility and identity to complete the INS Form I-9 as required by the Immigration Reform and Control Act.*

2. Other names used: Maiden: \_\_\_\_\_

Former, nicknames, alias, also known as, etc.: \_\_\_\_\_

\_\_\_\_\_

### CHURCH INFORMATION

3. Church Affiliation: \_\_\_\_\_

How many years: \_\_\_\_\_

Clergy Contact (Name): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

*For Clergy, all dioceses of canonical residency in last ten years:* \_\_\_\_\_

\_\_\_\_\_

### EDUCATIONAL

4. List the name, location, degree granted and dates of attendance of every educational institution including high school and institutions of higher learning in which you have been enrolled.

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Counselor/Personal Advisor's name (if known): \_\_\_\_\_

Type of School: \_\_\_\_\_

Name of Program or Degree: \_\_\_\_\_

Dates Attended \_\_\_\_\_ Date Diploma/Degree Received: \_\_\_\_\_

Name used while attending (if different): \_\_\_\_\_

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Name of Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Counselor/Personal Advisor's name (if known): \_\_\_\_\_  
Type of School: \_\_\_\_\_  
Name of Program or Degree: \_\_\_\_\_  
Dates Attended \_\_\_\_\_ Date Diploma/Degree Received: \_\_\_\_\_  
Name used while attending (if different): \_\_\_\_\_

Name of Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Counselor/Personal Advisor's name (if known): \_\_\_\_\_  
Type of School: \_\_\_\_\_  
Name of Program or Degree: \_\_\_\_\_  
Dates Attended \_\_\_\_\_ Date Diploma/Degree Received: \_\_\_\_\_  
Name used while attending (if different): \_\_\_\_\_

Name of Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Counselor/Personal Advisor's name (if known): \_\_\_\_\_  
Type of School: \_\_\_\_\_  
Name of Program or Degree: \_\_\_\_\_  
Dates Attended \_\_\_\_\_ Date Diploma/Degree Received: \_\_\_\_\_  
Name used while attending (if different): \_\_\_\_\_

*For more space, please use the back of this page*

### **PROFESSIONAL LICENSES**

5. List all professional licenses you hold.

Type of License: \_\_\_\_\_  
Licensing Authority: \_\_\_\_\_  
License Number: \_\_\_\_\_ State Where Issued: \_\_\_\_\_  
Date Issued: \_\_\_\_\_

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**PREVIOUS ADDRESSES**

6. Previous home addresses (list all in the last *ten years*, and dates there).

If none, please indicate: [ ] None

Street Address: \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates: \_\_\_\_\_

Street Address: \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates: \_\_\_\_\_

Street Address: \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates: \_\_\_\_\_

*For additional space, use the back of this page*

**EMPLOYMENT HISTORY**

7. List by name, street address, telephone number, contact person and dates of employment for all employers in the last *ten years* or last two employers. (If you have had the same employer for ten years, list your two most recent employers. List last two employers if more than ten years has passed since last employed.) Start with the most recent.

PLEASE NOTE: For all clergy persons, information will automatically be requested from your present and past Bishops.

If this is your current employer, do we have permission to contact?  Yes  No

If you indicate not to contact your employer, please give reason (e.g. to avoid jeopardizing current employment, etc.): \_\_\_\_\_

Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Immediate supervisor's full name: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_  
Email: \_\_\_\_\_  
Your position: \_\_\_\_\_  
Dates of employment: \_\_\_\_\_ to \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

*continues next page*

Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Immediate supervisor's full name: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_  
Email: \_\_\_\_\_  
Your position: \_\_\_\_\_  
Dates of employment: \_\_\_\_\_ to \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Immediate supervisor's full name: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_  
Email: \_\_\_\_\_  
Your position: \_\_\_\_\_  
Dates of employment: \_\_\_\_\_ to \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

*For additional space, please use the back of this page*

#### **VOLUNTEER EXPERIENCE**

8. List by name, street address, telephone number, contact person and dates of participation/service, all church organizations (by diocese and parish as applicable) and all youth-service organizations in which you have participated or served in the last *ten years*.

Name of Organization: \_\_\_\_\_  
Parish / Diocese (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact person's full name: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_  
Email: \_\_\_\_\_  
What did you do? \_\_\_\_\_  
Dates of participation: \_\_\_\_\_

Name of Organization: \_\_\_\_\_  
Parish / Diocese (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact person's full name: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_  
Email: \_\_\_\_\_  
What did you do? \_\_\_\_\_  
Dates of participation: \_\_\_\_\_

*continues next page*

Name of Organization: \_\_\_\_\_  
Parish / Diocese (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact person's full name: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_  
Email: \_\_\_\_\_  
What did you do? \_\_\_\_\_  
Dates of participation: \_\_\_\_\_

Name of Organization: \_\_\_\_\_  
Parish / Diocese (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact person's full name: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_  
Email: \_\_\_\_\_  
What did you do? \_\_\_\_\_  
Dates of participation: \_\_\_\_\_

*For additional space, please use the back of this page*

### **OTHER REFERENCES**

9. List by name, address, phone number and nature of relationship, two personal references (other than family members) who have known you for at least five years and with whom we may make contact concerning your fitness for your present or potential position.

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Email: \_\_\_\_\_



10. Are you able to perform the essential functions of the position in which you are working or for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_

a. If there are experiences or special gifts that you could bring to the position, please describe them.

b. If there are accommodations (e.g. flex time, accessibility, etc.) that could positively affect your ability to perform the duties of the position, please describe them.

11. What interests you about the position for which you are currently applying or volunteering?

12. What has prepared you for the position for which you are currently applying or volunteering?

**PART B: CONFIDENTIAL—THIS INFORMATION WILL BE REVIEWED ONLY BY THE OFFICE OF THE CHANCELLOR**

**CHURCH WORKER APPLICATION**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_

I DO NOT HAVE a driver's license

1. Have you had any driver's license or other license (e.g., professional) suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, give full details.

2. Have you ever been convicted of driving under the influence, driving while intoxicated or driving while impaired? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, list each such conviction by date and location.

3. Have you ever been arrested, charged, indicted or convicted of any felony or misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, give full details.

4a. (For Clergy) Have you ever been in treatment or referred to treatment for substance abuse? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, explain fully what you have done about the situation.

4b. (For Lay) Are you currently in treatment or aftercare for substance abuse?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, explain fully what you are doing about the situation.

5. Has any investigation ever been undertaken, or any charge, complaint, or presentment ever been made against you, with respect to any allegations of sexual harassment?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, give full details.

6. Have you ever been accused of physically, sexually or emotionally abusing a minor or an adult? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, give full details.

7. Have you ever been dismissed or removed by any other congregation, parish or diocese in the Episcopal Church or any similar body in any other church? Yes \_\_\_\_\_

No \_\_\_\_\_

If so, give full details.

8. Have you been a party in any civil lawsuit, divorce or bankruptcy within the last ten years? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, give full details.

9. Has a claim or lawsuit ever arisen with a past employer as a result of your actions? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, give full details.

10. (For clergy only) Has any investigation ever been undertaken, or any charge, complaint, or presentment ever been made against you, with respect to possible ecclesiastical discipline? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, give full details.

**Authorization begins on next page**

CERTIFICATION OF INFORMATION AND  
RELEASE AUTHORIZING REFERENCE CHECKS

**If selected, I agree to be bound by the Diocese of Utah's policies and procedures, including but not limited to its *Policies for the Protection of Children and Youth from Abuse* and *Code of Conduct for the Protection of Minors*. I understand that these may be changed, withdrawn, added to or interpreted at any time at the Diocese of Utah's sole discretion and without prior notice to me.**

**I understand that my employment or volunteering may be terminated, or any offer or acceptance of employment or volunteering withdrawn, at any time, with or without cause, and with or without prior notice at the option of \_\_\_\_\_ (*Parish, School or Agency*), the Diocese of Utah or myself.**

I certify the above information is accurate, complete and correct to the best of my knowledge and information. I understand that providing false information is grounds for not hiring me or choosing me for a volunteer position or for my discharge if I have already been hired or chosen.

I understand and agree that a background investigation may be conducted with respect to me and that the information I have given may be verified by contacting persons and organizations with whom I have had contact or which may have information concerning me.

I authorize any person, business entity or governmental agency who may have information relevant to the background investigation, whether or not identified in this Church Worker Application, to disclose the same to the Episcopal Diocese of Utah, by and through their independent contractor, Mind Your Business ("MYB"), including but not limited to, any courthouse, any public agency, any and all law enforcement agencies and any and all credit bureaus (if applicable), regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources, including, for example, alcohol and controlled substance information from previous employers.

In consideration of evaluation by the Episcopal Diocese of Utah of my employment/service application, I authorize the Diocese, by and through MYB, to perform all reference checks as allowed by law, including but not limited to, discussions with: Bishops/denominational executives/clergy, supervisors, co-workers, educational institutions, friends and/or associates, neighbors, business associates, or other individuals with whom I am acquainted or who the Diocese believes may have relevant information regarding my suitability for employment, service, or any other information bearing on my character, general reputation, personal characteristics, and/or trustworthiness. I further authorize the Diocese to perform the following checks: motor vehicle record, professional license, civil litigation, criminal (felony and misdemeanor), sex offender and predator registries, employment and education verification; a social security number verification; present and former addresses; civil history/record; and any other public record.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any background check report prepared on me upon written request to the Diocese that is made within a reasonable time after the date hereof.

*continues next page*

(INITIAL APPROPRIATE BLANK)

\_\_\_\_\_ I acknowledge the position for which I am applying may involve special risks which may require additional checks (e.g., credit checks, etc.). If so, I understand I will be notified in advance of any such additional checks. I will, in that event, either authorize the additional check or withdraw my application.

\_\_\_\_\_ I further authorize the Diocese to perform a credit check due to the specific position (e.g. clergy, Diocesan Treasurer, parish treasurer) I will hold and have been notified by the hiring executive such credit check will be performed.

I also agree to release and hold harmless The Episcopal Diocese of Utah, the above-named Parish, School or Agency (if applicable), MYB, their officers, employees, agents and volunteers for their actions arising out of such background investigation and authorize them to request and receive such information. I further release any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, to me, my heirs, or others making such claim or demand on my behalf, for procuring, selling, providing, brokering, and/or assisting with the compilation or preparation of the consumer report and/or investigative consumer report hereby authorized.

I acknowledge that the Diocese has made no representations of any kind as to whether employment will be offered at the conclusion of its investigation. Nothing contained in this application or in any pre-employment or pre-volunteering communication is intended to or creates a contract for either employment or volunteering or the providing of any benefit.

**I have read and understand the above provisions.**

\_\_\_\_\_ Date: \_\_\_\_\_, 201\_\_\_\_  
(Signature)

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_  
(Applicant)

\_\_\_\_\_ Date: \_\_\_\_\_, 201\_\_\_\_  
As witness to the above signature, I hereby declare that the signatory signed this document in my presence, and that I personally know this person.

PARENT OR GUARDIAN'S CONSENT AND WAIVER  
(Required if applicant is under 18)

As the parent or legal guardian of the applicant, I hereby consent to the application for work or volunteer position for which the foregoing information is provided, and expressly consent and authorize the Episcopal Church to conduct such reference contacts and background investigation as it may deem appropriate in considering the application.

Parent or  
Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**(MUST BE SIGNED)**

*Note to Applicant: Please provide names and dates for each educational institution*

Name of Institution: \_\_\_\_\_ Dates attended: \_\_\_\_\_ - \_\_\_\_\_

Name of Institution: \_\_\_\_\_ Dates attended: \_\_\_\_\_ - \_\_\_\_\_

Name of Institution: \_\_\_\_\_ Dates attended: \_\_\_\_\_ - \_\_\_\_\_

Name of Institution: \_\_\_\_\_ Dates attended: \_\_\_\_\_ - \_\_\_\_\_

RELEASE

I hereby voluntarily grant my permission to the above educational institution to release to the Episcopal Diocese of Utah any and all records pertaining to me, including a written response to the questions enclosed.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Please print name)

\_\_\_\_\_  
(Maiden name, if applicable)

\_\_\_\_\_  
(Any alternate name(s) used while attending these institutions)

Social Security No. \_\_\_\_\_

Consumer Summary  
A Summary of Your Rights Under the FCRA

**NOTE TO APPLICANTS/VOLUNTEERS:** The Episcopal Diocese of Utah has agreed to honor the spirit and general principles represented by the Fair Credit Reporting Act and related legislation. However, under its understanding of the protections churches are afforded under the First Amendment to the U.S. Constitution regarding selection of its ministers and certain other employees and volunteers without governmental interference, the Diocese reserves the right to keep confidential background check information obtained from persons contacted when that information is not part of a public record.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (“FCRA”) promotes accuracy, fairness and privacy of information in the files of consumer reporting agencies (“CRA”). There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance or employment — or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the CRA that provided the consumer report.
  
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a CRA (your “File disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - A person has taken adverse action against you because of information in your credit report;
  - You are a victim of identity theft and place a fraud alert in your file;
  - Your file contains inaccurate information as a result of fraud;
  - You are on public assistance;
  - You are unemployed by expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty CRA. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.



- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **CRA's must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **CRA's may not report outdated negative information.** In most cases, a CRA, may not report negative information that is more than seven (7) years old, or bankruptcies that are more than ten (10) years old..
- **Access to your file is limited.** A CRA may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A CRA may not give out information about you to your employer, or a potential employer, without your written consent given to the employer.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a CRA, or, in some cases, a user of consumer reports a furnisher of information to a CRA violates the FCRA, you may be able to sue them in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General.**