



**1-877-71-STEALTH**  
**We're only a phone call away.**

This release and consent allows \_\_\_\_\_, Stealth Risk Management, their representatives, and agents (hereinafter referred to as "Company"), to make risk evaluation, assessment, and decisions based on information which may include but is not limited to: lawful assessment of my educational background, criminal, civil, driving, credit, employment histories and reputation in compliance with all governmental laws. I hereby grant Stealth Data Solutions LLC full release and disclosure to authorize any institution or individual to release my personal information for risk assessment and evaluation purposes. I am aware I have the right to make a written request of Stealth Data Solutions LLC at 702 Kentucky Street 550, Bellingham WA, 98225, to obtain additional information regarding the nature and scope of the risk assessment and evaluation.

FULL NAME OF APPLICANT \_\_\_\_\_

DOB \_\_\_\_\_ SSN \_\_\_\_\_ DL# \_\_\_\_\_ STATE \_\_\_\_\_

LIST ALL PLACES OF RESIDENCE IN THE LAST 7 YEARS (Address, City, State, Zip Code.)

With most recent to least recent

CURRENT:

- 1) \_\_\_\_\_ 2) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- 3) \_\_\_\_\_ 4) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- 5) \_\_\_\_\_ 6) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

I understand that providing fraudulent or misleading information may be grounds for denial of employment, discharge from current employment, denial for tenant lease, or termination of current tenant agreement. I release Company, its officers, agents and employees from all liability resulting from the collection use or disclosure of the information obtained during the above risk assessment and evaluation. I certify and swear under penalty of perjury that the information contained within any document provided by me to Company is true and complete. I have read this release and consent, understand its terms, realize its significance, and sign it voluntarily.

I am willingly providing the following information necessary for the above risk assessment and evaluation understand that this information is being used for risk management purposes only.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_ Yes, I would like to receive a free copy of any Consumer Report on me that is requested.