



CREDIT REPORT AUTHORIZATION AND PRIVACY DISCLOSURE FORM

I hereby authorize and instruct (**Chancellor Consulting Firm, LLC - CCF**) to obtain and review my credit report. My credit report will be obtained from a credit reporting agency chosen by (**Chancellor Consulting Firm, LLC - CCF**). I understand and agree that (**Chancellor Consulting Firm, LLC - CCF**) intends to use the credit report for the purpose of evaluating my financial obligations.

My signature below also authorizes the release to credit reporting agencies of financial or other information that I have supplied to (**Chancellor Consulting Firm, LLC - CCF**) in connection with such evaluation. Authorization is further granted to the credit reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report.

In addition, in connection with determining my ability to obtain a loan;

I authorize _____ I do not authorize ____

I understand that I may revoke my consent to these disclosures by notifying (**Chancellor Consulting Firm, LLC - CCF**) in writing.

Client's Name (Print)

Client's Name (Print)

Client's Signature

Client's Signature

Client's Social Security Number

Client's Social Security Number

Date: _____

Date: _____

Address:

Address:

