

Joint Screening Committee
For the Legislative Audit Council



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CREDIT REPORT AUTHORIZATION

Your signature will be held to constitute a waiver of the confidentiality of any information concerning your credit. Further, you agree and authorize the Joint Legislative Committee to Screen Candidates for College and University Boards of Trustees to do whatever necessary to help obtain such information.

(PLEASE PRINT INFORMATION)

NAME _____

HOME ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

HOME PHONE (_____) _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

SIGNATURE _____

DATE _____

Check if you have placed a freeze on your credit report. You will be contacted by staff and asked that the freeze be lifted on a designated date for the sole purpose of accessing your report. This applies only to Equifax reporting services.

This form remains valid for the duration of your term of office.