

# College and University Trustee Screening Commission



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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.**