

**Confidential Consent and Release for Background Reports**  
**Drexel University College of Medicine**

I hereby request and authorize DREXEL UNIVERSITY COLLEGE OF MEDICINE and/or HIRERIGHT, to conduct a background investigation on myself. I provide this authorization of my own free will to allow Drexel University College of Medicine to evaluate my application for employment and/or to maintain reports on my qualifications as an employee. I understand and agree that the background investigation will consist of the following checked items, and only the items checked:

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Verification of Professional Licenses | <input checked="" type="checkbox"/> Verification of Educational History | <input type="checkbox"/> Credit Check (for specific finance-related positions)                                 |
| <input checked="" type="checkbox"/> Criminal History                      | <input checked="" type="checkbox"/> National Sex Offender Registry      | <input type="checkbox"/> Driving Record (for positions that involve driving a vehicle for University business) |
| <input checked="" type="checkbox"/> Social Security Trace                 | <input checked="" type="checkbox"/> Reference Checks                    |  |

I authorize DREXEL UNIVERSITY COLLEGE OF MEDICINE and/or HIRERIGHT, to contact government agencies, past employers, educational institutions and listed references in the course of conducting an investigation into my background. I authorize DREXEL UNIVERSITY COLLEGE OF MEDICINE and/or HIRERIGHT, to release all data gathered during the background investigation to hiring officials at Drexel University College of Medicine for use in evaluating my application for employment.

I understand and acknowledge that the information DREXEL UNIVERSITY COLLEGE OF MEDICINE AND/OR HIRERIGHT, gathers and provides to hiring officials at Drexel University College of Medicine may be unfavorable to my application for employment. I do nonetheless agree not to sue DREXEL UNIVERSITY COLLEGE OF MEDICINE, HIRERIGHT or their officers, employees and agents for providing such information to hiring officials of Drexel University College of Medicine. I also waive, release and discharge DREXEL UNIVERSITY COLLEGE OF MEDICINE and HIRERIGHT, and their officers, employees and agents from any and all claims, demands, and actions for providing such information to hiring officials of Drexel University College of Medicine.

I hereby agree not to sue any past employers, listed references, educational institutions, governmental agencies and their officers, employees and agents that provide information to DREXEL UNIVERSITY COLLEGE OF MEDICINE and/or HIRERIGHT, in connection with the background investigation. I release, waive and forever discharge such past employers, listed references, educational institutions, governmental agencies and their officers, employees and agents from any and all actions, causes of action, claims, demands or liability which I may have as a direct or indirect result of the background investigation.

I authorize DREXEL UNIVERSITY and/or HIRERIGHT to obtain information about me furnished by "consumer reporting agencies." I acknowledge that Drexel University has given me a Summary of Rights under the Fair Credit Reporting Act that explains the term "consumer reporting agencies" and any rights that I have to ensure that these agencies provide accurate and fair information.

In order to verify my identity for purposes of the background check, I am voluntarily releasing my date of birth for my own benefit and fully understand that age is not a consideration of employment. I acknowledge and declare that I have received "A Summary of Your Rights Under the Fair Credit Reporting Act," the federal law which controls how the information (as marked above) can be used and my privacy rights concerning it.

I hereby consent to this investigation and authorize Drexel University College of Medicine to procure the reports as marked above (and only the reports marked), in order to evaluate my application for employment and/or to maintain records on my status as an employee of Drexel University College of Medicine.

**Note: The states of DE, NV, OH, WV & WY require fingerprint testing when conducting a statewide court record search. If you have resided in any of these states in the last 7 years, you will receive instructions that include a location where your fingerprints will be taken. Please retain a receipt in the event you incur a charge when securing your fingerprints and contact your Recruitment Consultant to arrange for a reimbursement.**

	MM	DD	YY
First Name	Date of Birth		
Last Name	Middle Name/Initial		
Maiden Name or Other Names Used			
Current Address			#yrs at this address
City	State	Zip Code	

Previous Address	#yrs at this address		
City	State	Zip Code	

Driver's License No.	State	Social Security No.

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

**California, Minnesota & Oklahoma applicants only:** Please contact HIRERIGHT at 1-800-426-2761 for a copy of your consumer report.