## **Confidential Consent and Release for Background Reports**

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:

Verification of Professional Licenses	Verification of Educational History	Credit Check (for specific finance-related
Criminal History	National Sex Offender Registtry	positions) Driving Record (for positions that involve)
Social Security Trace	Reference Checks	Driving Record (for positions that involve driving a vehicle for University business)
PA Child Abuse History Clearance	FBI Fingerprint Check	PA State Police Request for Criminal Records

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.

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.

## In order to complete the verification, you will be asked to complete a secure online form; you will receive an email from HireRight to initiate the verification process. You must access the online form within 2 business days of receiving this email. To ensure that your information verification proceeds efficiently, please complete all sections of the form that are applicable.

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 maintain records on my status as an employee of Drexel University College of Medicine.

First Name												Date of Birth (MM/DD/YY)							
Last Na	Last Name																		

Email address

By providing this information, I acknowledge that HireRight will contact me at the email address listed above to initiate the online background verification process.

Date