

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize and consent to the obtaining of "consumer reports" by The University of Scranton (the "School") at any time after receipt of this authorization and throughout my participation in the educational program or clinical, experiential, residency, or other education or degree requirements, if applicable. I further authorize and consent to the obtaining by the School, and inclusion in these reports, at any time after receipt of this authorization and throughout my participation in the educational program or clinical, experiential, residency, or other education or degree requirements, if applicable, of my immunization records and other applicable health information to be used for purposes of evaluating my application for participation in an educational program with the School or for participation in clinical, experiential, residency, or other education or degree requirements at a health care facility or clinical program. To this end, I hereby authorize and consent to, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, data or record repository, to furnish any and all background information requested by a third party consumer reporting agency and/or the School. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Residents of New York only: Upon request, you will be informed whether or not a consumer report was requested by the School, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the School by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law

Residents of New York City only: By signing this form, you further authorize the School to provide you with a copy of your consumer report, the New York City Fair Chance Act Notice form, and any other documents, to the extent required by law, at the mailing address and/or email address you provide to the School.

Residents of Washington State only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Residents of Minnesota and Oklahoma only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the School.

Print Name: _____

Signature: _____ Date: _____