

NORTH FLORIDA REGIONAL MEDICAL CENTER
6500 W. NEWBERRY RD.
GAINESVILLE, FL 32605

Disclosure and Release of Information Authorization
Consumer Report/Investigative Consumer Report
Important: Please read carefully

As an applicant for employment or an employee, you are a consumer with rights under the Fair Credit Reporting Act. When evaluating you for employment, promotion, reassignment, or retention as an employee, a consumer report or an investigative consumer report may be obtained from a consumer reporting agency and may be obtained at any time during the application process or during your employment.

I authorize **North Florida Regional Medical Center** and **Edge Information Management, Inc.**, a consumer reporting agency, to obtain information from all personnel, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the federal, state or county level, relating to my past activities, to supply any and all information concerning my background. The information obtained may include, but is not limited to, academic, residential, achievement, previous employment verification and/or job performance, workers compensation, professional licenses, credit reports, driving history, and criminal history records.

I understand that a Consumer Report or Investigative Consumer Report may be prepared summarizing this information. The report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics and/or mode of living. I may also have the right to request additional disclosures regarding the nature and scope of the investigation as well as a written summary of my rights under the Fair Credit Reporting Act. If requested, the consumer reporting agency will explain the contents of my file. I understand that proper identification will be required and that I should direct my request to: **Edge Information Management, Inc., 100 Rialto Place, Suite 800, Melbourne, Florida 32901-3004. Phone 1-800-725-3343. FAX: 1-800-780-3299.**

I understand that by requesting this information, no promise of employment is being made. I also understand that a photocopy of this authorization be accepted with the same authority as the original; and that if employed by [your company's name] this authorization will remain in effect throughout such employment. **I understand that the information requested below regarding date of birth, race and sex is for the sole purpose of gathering the above information accurately, and will not be used to discriminate against me in violation of any law.**

READ, ACKNOWLEDGED AND AUTHORIZED

Signature Date

NOTE: I am providing the following voluntarily. **PLEASE PRINT CLEARLY**

NAME _____
First Middle (Full) Last Maiden

SOCIAL SECURITY # _____ - _____ - _____ DATE OF BIRTH (for ID purposes only) _____ - _____ - _____
MO DAY YR

SEX _____ RACE _____ DRIVER'S LICENSE # _____ STATE _____

CURRENT ADDRESS _____

CITY/STATE/ZIP _____

PREVIOUS ADDRESS _____

CITY/STATE/ZIP _____

If you are applying for employment in California, Minnesota, or Oklahoma and would like a copy of any Consumer Report prepared on you please check this box. If you elect not to receive a copy please check this box.