

Disclosure and Authority to Release Information

I understand that in processing my application with Northwestern Health Sciences University, an investigative consumer report may be conducted to obtain and verify information relating to my past activities and background. Information may include, but is not limited to; employment history, education, criminal records, credit history, motor vehicle records, personal references, and any data provided on this application, or during the interview process.

If currently employed: My current employer may be contacted YES NO

I authorize the appropriate individuals, companies, institutions or agencies to release information, and I release them from any liability as a result of such inquiries or disclosures.

I further understand and waive my right of privacy in this investigation and release and hold harmless Northwestern Health Sciences University, and its agent Verified Credentials, Inc., from any liability.

An investigative consumer report may be generated summarizing this information. I have a right under the "Fair Credit Reporting Act" to obtain a copy of this report by providing proper identification and directing a written request to Verified Credentials Incorporated, 20890 Kenbridge Court, Lakeville, MN 55044. 1-800-473-4934. I may also obtain a copy of this report by checking the "YES" box below.

If employed in Minnesota, California, or Oklahoma;
I would like a copy of any report regarding me. YES NO

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if any statements and/or answers are found false or the information has been omitted, such false statements or omissions may be cause for rejection or termination of my employment or application.

Legal Last Name	Legal First Name	Legal Middle Name
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Street Address

City	State	Zip Code
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Please list any additional addresses you have lived, worked and attended schools in during the past 7 years (Please include the city, state, zip and county if known):

Other Name(s) Used and Date(s) Changed:

Drivers License Number	State Issued	Expiration Date	Date of Birth
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(To be used for background information ID only)

I AUTHORIZE A PHOTOCOPY OF THIS RELEASE TO BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL AND IF EMPLOYED BY THE ABOVE NAMED COMPANY THIS RELEASE WILL REMAIN IN EFFECT THROUGHOUT SUCH EMPLOYMENT.

Signature	Social Security Number	Date
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