

Office of Enrollment Services

INSTRUCTIONS: Fax this completed form or send all copies to Enrollment Services

Authorization by Accepted Applicant/Enrolled Student for Criminal Background Check



In order to complete your educational program at UMDNJ, the performance of a completed criminal background check is required. UMDNJ engages the services of a consumer reporting agency to conduct this background check. Authorization to conduct this background check and results deemed favorable by UMDNJ and/or clinical facilities are conditions for admission and continued enrollment. Please complete the following authorization:

I hereby authorize UMDNJ to obtain consumer reports (criminal background check) in order to satisfy the requirements of my educational program. I will be informed if my offer of admission is denied or rescinded or if my enrollment is terminated because of information obtained from the consumer reporting agency; in that event, upon my written request, the consumer reporting agency will provide me with a copy of the report and a "Summary of Your Rights Under the Fair Credit Reporting Act." (FCRA 15 U.S.C. 1681 et seq.)

Name (please print): _____

Social Security Number: _____

Other name(s) used (please print): _____

Date of birth: _____

Current address and former addresses for the past 10 years (include address, town/city, state and zip code):

Current Address: _____

Previous Address: _____

Previous Address: _____

Previous Address: _____

(Print any additional addresses on a separate attachment if necessary.)

Student Signature: _____ Date: _____

ENROLLMENT SERVICES USE ONLY