UMDNJ
UNIVERSITY OF MEDICINE & DENTISTRY OF NEW JERSEY

DISCLOSURE AND AUTHORIZATION FORM

(Faculty, Staff, Housestaff, Volunteers)

In connection with my application for employment or volunteer service with UMDNJ, I understand that a consumer report or investigative consumer report, as those terms are defined in the Federal Fair Credit Reporting Act as amended (FCRA), 15 U S C 1681 et seq., may be obtained by UMDNJ from a consumer reporting agency. I understand that the report may include but not be limited to my consumer credit history, education, professional licensing, professional liability claims history, criminal history, driving history, personal character, abilities, work habits, charges of research misconduct, mode of living, residency, immigration status, general reputation, performance, experience and other qualities pertinent to my qualifications for employment or volunteer service, including reasons for termination of past employments. I further understand that the consumer reporting agency may not give out information about me to UMDNJ without my written consent.

I understand that I am entitled to be informed if an offer of employment or volunteer assignment is withheld because of information obtained from the consumer reporting agency; and in that event, I have sixty (60) days within which to submit a written request to the consumer reporting agency which will provide me with a copy of my file and a "Summary of Your Rights Under the Fair Credit Reporting Act."

I hereby authorize UMDNJ and affiliated clinical facilities where I will be expected to work to obtain consumer reports in connection with my application for employment or volunteer service with UMDNJ. I authorize all former employers, listed references, schools, law enforcement agencies and courts, to release to UMDNJ and/or their representatives information pertaining to me.

Note: The phrases and wording contained in this authorization are required under the FCRA. UMDNJ will not run a credit check on an applicant as part of the investigation unless the position or volunteer assignment for which applied requires financial information on a prospective candidate. The candidate will be notified if a credit check is required.

Please Print

Name: _____ SS#: _____

Other name(s) used: _____

Applicant Signature: _____ Date: ____ / ____ / _____

Revised May 19, 2005