



Authority and Consent to Release/Obtain Background Information

The information received by the Department of Human Resources Management as a result of signing this Release will be used to assist in a background investigation of you and may be used in conjunction with your partnership at the Medical University of South Carolina.

College/Department: _____ **Unit/Department #:** _____

Name: _____
Last First Middle

Maiden or other names by which you may have been known: _____

***Date of Birth:** ____/____/____ ***Gender:** ____ **Social Security Number:** ____-____-____

**This information is needed for identification purposes only.*

Current Address:

Street City State Zip

Previous Addresses (excluding South Carolina during the last 10 years):

Street City State Zip

Street City State Zip

Street City State Zip

Have you ever been convicted of a law violation other than a traffic violation? Yes** No

**If "Yes", please explain, i.e. charges, dates, penalties, name and location of court, final disposition/status. Omit any offenses that occurred prior to your 17th birthday which were adjudicated in juvenile court under a youthful offender law. A conviction itself does not constitute an automatic bar to employment. The seriousness of the crime and date of conviction will be considered.

<i>Charge(s)</i>	<i>Date(s)</i>	<i>Penalty</i>	<i>Where Convicted</i>	<i>Disposition/Status</i>
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Are you in default on a student loan? Yes*** No

***If "Yes," SC State law prohibits employment of individuals who are in default of educational/student loans.

I authorize the Medical University of South Carolina to conduct a criminal record search to verify my suitability for partnership.

I hereby acknowledge that the Medical University of South Carolina cannot vouch for or guarantee the accuracy of information provided by third parties. Accordingly, I release the Medical University of South Carolina and its agents from any and all liability arising out of any errors or omissions regarding my background information. Any information obtained by the Medical University of South Carolina independently or through a consumer reporting agency shall remain confidential and no further disclosure to other parties shall result. The information obtained as a result of the investigation shall be used exclusively for the purpose of partnership.

I _____ also certify that all statements and documents that I have submitted, or asked to be submitted on my behalf, in support of my candidacy are true. I understand that any misrepresentation will cause forfeiture of my rights to partnership with the Medical University of South Carolina.

Candidate's Signature

Date

Send To:

Department of Human Resources Management
Medical University of South Carolina
19 Hagood Avenue, Suite 105
MSC 800
Charleston, SC 29425

Phone: (843) 792-9825 Fax: (843) 792-2263

Individuals who dispute the results of the criminal record search must contact the State Law Enforcement Department and/or the consumer-reporting agency. The address and telephone number of the agency(ies) can be obtained by contacting the Director, Department of Human Resources Management. Notifications of any errors made by the reporting agency institutions must be submitted in writing to the

Director, Department of Human Resources Management, for consideration and possible amendment of your partnership file.