

DISCLOSURE & AUTHORIZATION FOR BACKGROUND INVESTIGATION

I hereby recognize that UAB MEDICAL WEST, hereinafter referred to as Employer, and/or its designated agent, NAPS Background Checks, hereinafter referred to as Agent, may procure a consumer report and/or an investigative consumer report on me for the purpose of evaluating me for employment, promotion, discipline, retention, volunteer, assignment or reassignment and to make an independent investigation of my background, including but not limited to, references, character, mode of living, personal interviews with those acquainted with me, past/present employment, education, credit, motor vehicle records, drug screening, worker's compensation records, federal, civil, criminal and other police records, including those maintained by both public and private organizations and all public records for the purpose of confirming information contained on my application, resume, or in other supporting documentation, which may be material to my qualifications.

I, hereby authorize the procurement of a consumer report and/or an investigative consumer report on me and understand the Employer, and/or its designated agent, will adhere to all applicable state and federal statutes and to the securing of the information, handling and release of information obtained in the procurement of a consumer report and/or an investigative consumer report on me. I further understand, pursuant to Section 606(b) & Section 604(b)(3) set forth in the Fair Credit Reporting Act, I have the right to request additional disclosures as to the nature and scope of the investigation. If an adverse decision is made, due to the contents of this investigative report, I will receive a free copy of the report and a copy of my "Summary of Your Rights" under the FCRA. I hereby consent to the **RELEASE OF ALL INFORMATION, INCLUDING MEDICAL RECORD INFORMATION**, specific to the above conditions, to the Employer, and/or its designated agent and all direct parties involved in the evaluation process for the purpose of confirming my qualifications and/or eligibility. I agree this signed consent hereby authorizes the Employer, and/or its designated Agent to conduct necessary, random and/or periodic background investigations for the length or duration of my employment as a requirement of my continued qualifications. I assert a telephonic facsimile (FAX) or a photographic copy of this authorization shall be as valid as the original.

Applicant First Name	Middle Name (NO INITIALS)	Last Name
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Maiden Name,	Nicknames,	Any Other Names Used
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Present Address	City	State/Zip	County	How long there?
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Date of Birth	Sex	Race	Social Security Number
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Drivers License Number	State of License	Expiration Date
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Former Address	City	State/Zip	County	How long there?
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Former Address	City	State/Zip	County	How long there?
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MINNESOTA and OKLAHOMA APPLICANTS ONLY: Check here if you wish to receive a copy of any formal report generated as a result of this investigation.

Signature (Required) PLEASE-DO NOT PRINT Date

Witnessed