

Note:

I understand the information requested on this form is for the sole purpose of conducting an investigative consumer report search as part of my enrollment in an academic institution located in the State of Tennessee. In giving this consent, I understand that this search may include but is not limited to: a consumer report, court records, driving records, criminal abuse records, and social security records. I further understand that I have the right to make a written request within a reasonable time to receive information about the scope and nature of the search. I understand the information below regarding sex, and date of birth is requested for the sole purpose of gathering information accurately, and will not be used to discriminate against me in violation of the law. A facsimile or photographic copy of this authorization shall be as valid as the original.

I authorize release of this investigative report to hospitals or facilities at which I will perform clinical rotations while enrolled at that academic institution.

I also authorize all appropriate individuals, companies, institutions, or agencies to provide any information they have regarding me, whether or not it is in their records.

Authorizing Signature:

_____ Date: _____

_____, _____, _____
Last Name First Name Middle Name

_____, _____, _____, _____ M ___ F ___
Maiden Or Other Name Social Security # Date of Birth Sex

Current Address:

_____, _____, _____, _____
Street City State Zip
_____, _____, _____
County Yrs. in Residence Phone Number

Previous Address:

_____, _____, _____, _____
Street City State Zip
_____, _____
County Yrs. in Residence

Participating Academic Institution: _____

Name of Hospital to Receive Investigative Report: _____

Fax Number: _____

**Please mail this authorization form, plus a money order in the amount of \$35.00, to
Cerchen Inc., PO Box 50654, Knoxville, Tennessee, 37950**