



ROWAN UNIVERSITY

# School of Osteopathic Medicine

## DISCLOSURE AND AUTHORIZATION FORM (Faculty, Staff, Housestaff, Volunteers)

In connection with my application for employment or volunteer service with RowanSOM, 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 RowanSOM 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 RowanSOM 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 that I will be provided with a copy of the report and a written description of my rights under the Fair Credit Reporting Act before the decision is finalized.

I hereby authorize RowanSOM 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 RowanSOM. I authorize all former employers, listed references, schools, law enforcement agencies and courts, to release to RowanSOM and/or their representatives information pertaining to me.

***Note: The phrases and wording contained in this authorization are required under the FCRA. RowanSOM 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

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Other name(s) used

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Applicant Signature (stamp not accepted)

\_\_\_\_\_  
Date