

Disclosure and Authority to Release Information

I understand that in complying with State of Wisconsin requirements to conduct out of state criminal background checks for all employed caregivers, my employer, the University of Wisconsin Hospital and Clinics, will procure an investigative consumer report to comply with such background checks. I further understand that the Information to be sought will be limited to out of state criminal records, education and licensing verification, and confirmation of any data provided on this form.

I authorize the appropriate individuals, companies, institutions or agencies to release such Information. An investigative consumer report may be generated summarizing this information. I have a right under the "Fair Credit Reporting Act" to obtain a copy of this report by providing proper identification and directing a written request to HireRight, Inc., 2100 Main St., Suite 400, Irvine, California 92614.

I hereby certify that all the statements and answers set forth on this form are true and complete to the best of my knowledge, and I understand that if any statements and/or answers are found false or the information has been omitted, such false statements or omissions may be cause for termination of my employment.

Last Name	First Name	Middle Name
Street Address		
City	State	Zip Code

Please list any additional cities and states you have lived in during the past 3 years:

Other Names Used:

Drivers License Number	State Issued	Expiration Date	Date of Birth
(To be used for background information ID only)			

I AUTHORIZE A PHOTOCOPY OF THIS RELEASE TO BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL AND IF EMPLOYED BY THE ABOVE NAMED COMPANY THIS RELEASE WILL REMAIN IN EFFECT THROUGHOUT SUCH EMPLOYMENT.

Signature	Social Security Number	Date
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