

# DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for program entry at Piedmont Technical College (PTC) and clinical site employment, I authorize PTC to request a consumer and/or investigative consumer report on me for employment purposes from **KROLL BACKGROUND AMERICA, INC.** (Kroll). Such reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living; discerned through employment and education verifications; personal references and interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; workers' compensation records after a conditional job offer has been extended and to the extent permitted by law; a social security number trace; present and former addresses; criminal and civil history/records; and any other public record.

I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to PTC and Kroll, including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus. I authorize PTC to share such information only with parties in interest who have a "need to know" such information to protect them and their employees. Kroll does not sell or otherwise provide any of the information found in its background investigations to any party other than PTC.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any consumer report of which I am the subject upon my written request to Kroll. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I agree that this authorization shall remain valid for the duration of my educational time with PTC. I certify that the information contained on this Authorization form is true and correct and that my application or employment may be terminated based on any false, omitted or fraudulent information.

I hereby release Piedmont Technical College, FirstLab, and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, to me, my heirs, or others making such claim or demand on my behalf, for procuring, selling, providing, brokering, and/or assisting with the compilation or preparation of the consumer report and/or investigative consumer report hereby authorized. I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report prepared on me upon written request to FirstLab that is made within a reasonable time after the date hereof.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Voluntary information: Have you ever been convicted of a crime other than minor traffic violations? YES / NO

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## IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Other Names Used \_\_\_\_\_ Years Used \_\_\_\_\_

Current Address: \_\_\_\_\_

Street / P. O. Box	City	State	Zip Code	County	Dates
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Former Address: \_\_\_\_\_

Street / P. O. Box	City	State	Zip Code	County	Dates
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Former Address: \_\_\_\_\_

Street / P. O. Box	City	State	Zip Code	County	Dates
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Social Security Number: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Gender \_\_\_\_\_

**For CA, MN & OK Residents Only: Please provide me with a copy of my background report YES:  NO**

For California residents: Under § 1786.22 of the California Civil Code, you may view the file maintained on you by Kroll. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by submitting a request by mail, by appearing at Kroll's offices in person during normal business hours and on reasonable notice, or you may also receive a summary of the file by telephone after submitting a written request. Kroll has trained personnel available to explain your file to you and will provide a written explanation of any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. Kroll is located at 1900 Church St., Suite 300, Nashville, TN 37203 and may be contacted at 800-697-7189.

\*Providing year of birth and gender is strictly voluntary. This information will enable us to properly identify you in the event we find adverse information during the course of a background search.

Please note that nothing herein shall be construed as legal advice.

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**DRUG TESTING CONSENT FORM**

**Program:** \_\_\_\_\_

I understand that drug testing is a part of the academic enrollment process & procedures for participation in educational programs and services. I consent freely and voluntarily to Piedmont Technical College's request for a drug screening specimen for the purpose of determining the presence of illegal drugs or other controlled substances.

I hereby give my consent to, and authorize, **FirstLab** to perform any testing necessary to determine the presence and/or level of drugs in my body, on behalf of the academic institution.

I further give my consent to release the results of any test performed pursuant to this consent form, including any tests or medical procedure to determine the level and/or presence of drugs, to the above listed academic institution or its designated agents.

I hold the academic institution harmless, its officers, agents, employees, instructors, directors and volunteers as well as the testing company from any claims I may have against any or all of them arising out of the drug screening test and its use to determine whether I may be enrolled within the educational programs and services.

**I understand that if I am unable to produce a specimen at the original time of testing, I will be allowed to go to a designated local medical office to produce a specimen. The inability to produce a specimen by the end of the day will result in an automatic failure out of the program.**

A copy of this consent form shall be valid as an original.

I have read this form in full and understand the above statements.

\_\_\_\_\_  
Donor's Printed Name:

\_\_\_\_\_  
Donor's Signature    date

\_\_\_\_\_  
Witness Signature    date