

BACKGROUND CHECK CONSENT

In connection with my application for employment, I authorize the Department of Biostatistics at Vanderbilt University Medical Center to solicit information about my background including, but not limited to, information on my employment history, education, criminal record and/or public records history.

I authorize all persons who may have information relevant to this request to fully disclose said information.

I release from liability all persons, companies, governmental, academic institutions, corporations or other agencies disclosing or receiving such information.

I hereby further authorize that a photocopy of this authorization may be considered an original.

Should I be offered a position with VUMC, I further understand a more thorough background check will be coordinated through the VUMC Human Resource Department.

I AUTHORIZE, WITHOUT RESERVATION, ANY PERSON, AGENCY OR OTHER ENTITY CONTRACTED BY THE DEPARTMENT OF BIostatISTICS TO FURNISH THE ABOVE-MENTIONED INFORMATION.

Name: _____

Social Security Number: _____ Male
Female

Driver's License Number & State: _____

Date of Birth: ____/____/____ County/Parish of Current Residence: _____

Signature: _____ Date: ____/____/____

**This information is voluntary. However, without this information, we will be unable to properly identify you in the event we find adverse information during the course of our internal background search.*

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An equal opportunity, affirmative action employer

NOTE: Nothing contained in this authorization all be construed to create an employment contract or offer.