ACKNOWLEDGEMENT (AUTHORITY AND CONSENT TO OBTAIN/RELEASE CRIMINAL BACKGROUND INFORMATION)

I acknowledge that the Medical University of South Carolina, in order to comply with State regulations will conduct a criminal record search to verify my suitability to participate in educational experiential programs in a Department of Health and Environmental Control (DHEC) licensed facility. Additionally, the Joint Commission on Accreditation of Hospital Organizations (JCAHO) has included this in their standards.

This criminal records search will include felonies, misdemeanors and summary offenses. Background checks will reflect information reported as of your 18th birthday (in most cases).

I hereby acknowledge that the Medical University of South Carolina cannot vouch for or guarantee the accuracy of information provided by third parties. Accordingly, I release the Medical University of South Carolina and its agents from any and all liability arising out of any errors or omission regarding my background information. The information obtained as a result of the investigation shall be used for the purpose of participating in educational experiential programs while a student at the Medical University of South Carolina College of Pharmacy. This information may be shared with rotation sites requiring a criminal background check.

Should I dispute the results of the criminal record search, I must contact the South Carolina State Law Enforcement Department (SLED) and/or the consumer reporting agency. The address and telephone number of the agency(ies) can be obtained by contacting Ms. Dana Tumbleston, Manager, Employment/Classification and Compensation, at 792-2240. Notification of any errors made by the reporting agency(ies) must be submitted in writing to Ms. Tumbleston, for consideration and possible amendment within three business days.

Please confirm your receipt and acknowledgement of the above information by completing and signing the form below.

Name (Please	Print)				
First		Middle Initia	al Last		
Maiden Name	(if applicable)				
Social Security	y Number				
Date of Birth	Mo Day	// Year			
Gender:	Male Fe	male			
Have you lived	d in the state of So	uth Carolina for the	past ten (10) years	? Yes No	
City	st the other cities a		have lived: ate		
record search asked to be su	as stated above. T bmitted on my bel	This also certifies that	t all statements and rstand that any mis	South Carolina to conduct a crimid documents that I have submitted srepresentation may cause forfeity outh Carolina.	, 01
	Signature			Date	
Please print and	d fax this completed	d form to: MUSC Coll	lege of Pharmacy, D	Dean's Office at 843-792-9081, or dr	эр

the form off at the Dean's Office in person no later than