KROLL

SCHEDULE F

NOTICE, AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I, the undersigned consumer, do hereby authorize **Mt. Washington Pediatric Hospital** by and through its independent contractor, **KROLL BACKGROUND AMERICA, INC. ("Kroll")**, to procure a consumer report and/or investigative consumer report on me. I understand that this authorization and release shall be valid for subsequent consumer and/or investigative consumer reports during my period of employment with **Mt. Washington Pediatric Hospital** for the purpose of investigating any incidents of workplace misconduct or criminal activity for which I am alleged to have been involved during my employment.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, and personal characteristics, discerned through employment and education verifications (to include GPA); personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number trace; present and former addresses; criminal and civil history/records; any other public record.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to **Mt. Washington Pediatric Hospital** by and through **Kroll**, including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to **Kroll**, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681et. seq.

Signature:_____ Date:_____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Printed Name:_____
First Middle Last

Other Names Used (alias, maiden, nickname)_____

YEARS USED_____

Current Address:_____
Street /P. O. Box City State Zip Code County Dates

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

Social Security Number: _____ Daytime Telephone Number: _____

Driver's License Number: _____State of Issuance: ____***Date of Birth**: _____ ***Gender**_____

*** This information will enable us to properly identify you in the event we find adverse information during the course of our background search.**

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