**Authorization and Instructions for Issuance of Consumer Report**

I hereby authorize and instruct the University of Pennsylvania and Certiphi Screening, Inc. (a Vertical Screen Company) (hereinafter, “Certiphi”) to procure an investigative consumer report on me which includes independent contractors under the Fair Credit Reporting Act (FCRA)). For more information on specific state disclosures or to see the summary of your rights under the Fair Credit Reporting Act please see [here](https://ehrs.upenn.edu/policies-resources/certiphifcra-state-disclosure).

Information gathered may include, but is not limited to, my academic, residential, achievement, or performance information and information about my attendance, disciplinary, employment, and criminal history records.

Copies of the report(s) shall be provided to the University of Pennsylvania Department of

Environmental Health and Radiation Safety. I understand that the information released is solely for the purpose of making a determination about my trustworthiness and reliability for unescorted access to an irradiator/Gamma Knife and that this information may be disclosed only as authorized by State or Federal law.

I understand that before making any determination to deny me this unescorted access, the company will provide me a copy of the information on which it intends to base that determination. I further understand that before a final adverse determination, my employer must give me an opportunity to correct any inaccurate or incomplete information that is developed during the background investigation.

By signing below I also am authorizing all entities having information about me and consulted for the

purpose of preparing this report, including but not limited to present and former employers, schools, and

references, to release such information to:

Certiphi Screening, Inc.

P.O. Box 130

Southampton, PA 18966

&

The University of Pennsylvania

Department of Environmental Health and Radiation Safety

3160 Chestnut St., Suite 400

Philadelphia, PA 19104-6287

This release and photocopies of this authorization shall remain valid and in effect during the period in which I am employed at the University/Affiliate.

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**Date & Authorized Signature**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(PRINT LEGIBLY)**

\* Please list other names or aliases including maiden names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_