**Criminal History Consent Form**

I authorize and grant my consent to the University of Pennsylvania Department of Environmental Health and Radiation Safety (EHRS), to request the U.S. Nuclear Regulatory Commission (NRC) criminal record information about me from the U.S. Attorney General, who will refer the request to the Federal Bureau of Investigation.

I understand that the purpose of this information is solely to enable the determination of my trustworthiness and reliability for unescorted access to an irradiator/Gamma Knife as required by regulation.as defined in the NRC’s regulations in Title 10 of the Code of Federal Regulations [(10 CFR) Part 37](https://www.ecfr.gov/current/title-10/chapter-I/part-37), “Physical protection of category 1 and category 2 quantities of radioactive material.” I understand that EHRS must obtain my signed consent before any investigation or reinvestigation to determine my trustworthiness and reliability for such unescorted access.

I authorize the Federal Bureau of Investigation to disclose the record of my criminal history background investigation to EHRS for the purpose of making a determination of my trustworthiness and reliability for unescorted access. I understand that before making any determination to deny me this unescorted access, EHRS 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.

I understand that I may withdraw my consent at any time and that after I do withdraw my consent, EHRS may not initiate any elements of the background investigation that were not in progress at the time that I withdrew my consent. I also understand that the withdrawal of my consent for the background investigation is sufficient cause for denial or termination of any authorization for unescorted access.

I understand that the information released is solely for the purpose of making a determination about my trustworthiness and reliability for unescorted access and that this information may be disclosed only as authorized by State or Federal law.

I understand that photocopies of this authorization and consent document with my signature are valid and that this authorization will remain in effect as long as I am authorized to obtain unescorted access to irradiator/Gamm Knife.

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**Date & Authorized Signature**

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

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