

**DISCLOSURE AND CONSENT TO RELEASE INFORMATION
FOR CONSUMER AND/OR INVESTIGATIVE REPORTS**

In connection with my application for volunteering I understand that BryanLGH Health System (“BryanLGH”) may request consumer reports or investigative consumer reports which may contain public record information including consumer credit, criminal records, driving record, education, prior employer verification, and other information. These reports will include prior work experience along with reasons for termination of past employment. Further, I understand that BryanLGH will be requesting information from various federal, state, local and other agencies concerning my past activities. I hereby authorize without reservation, any party or agency contacted by BryanLGH to furnish the above mentioned information.

I understand that I have the right to obtain all of the information about me in the files of a consumer reporting agency, upon proper identification and the payment of any authorized fees.

If BryanLGH makes an adverse decision on my application for volunteering based entirely or in part on the information contained in a consumer report or investigative consumer report prepared by a consumer reporting agency, I understand that I am entitled to receive a copy of this report upon written request, and a disclosure of the nature and scope of the investigative report.

I authorize BryanLGH to procure a consumer report as part of the prevolunteer background investigation. If accepted as a volunteer, this authorization shall remain on file and shall serve as an ongoing authorization for BryanLGH Health System to procure consumer reports at anytime during my time as a volunteer.

I do hereby agree to forever release and discharge BryanLGH, its agents and employees, to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint arising from the retrieving and reporting of information.

Please sign below to signify authorization and receipt of the foregoing disclosure.

Print your name _____
(First) (Middle name) (Last)

Street Address _____

City _____ State _____ Zip _____

Social Security Number _____ Date of Birth _____

Drivers License Number _____ State _____
(Required if position involves driving)

Signature _____ Date _____

Parent/Guardian Signature _____ Date _____