

Release and Professional Consent Form

Certiphi Screening, Inc. (a Vertical Screen® Company)
251 Veterans Way, Warminster, PA 18974

Authorization and Instructions for Issuance of Professional Reference and Consumer Report

I hereby authorize and instruct Certiphi Screening, Inc. (a Vertical Screen® Company) (hereinafter, "Certiphi") to procure a consumer report on me containing the following information:

1. Social Security number verification
2. Address verification
3. Criminal history
4. State/federal program exclusion (OIG)
5. Professional license verification
6. Professional references verification

Copies of the report(s) shall be provided to me and to Drexel University College of Medicine, Master of Science in Medical and Health Care Simulation (hereinafter, the "School"). I understand that the purpose of procuring such report is for the School's use in connection with my education. I have been given a written summary of my rights under the Fair Credit Reporting Act, and I understand that in the event the School uses any information contained in the consumer report in any adverse decision, before making such decision I will be so advised and provided with another copy of the report as well as a second written summary of my rights under the Fair Credit Reporting Act.

For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

By signing below I also am authorizing all entities having information about me, including present and former employers, criminal justice agencies, departments of motor vehicles (as applicable), schools, and credit reporting agencies, sexual offender registries (as applicable), to release such information to:

Certiphi Screening, Inc.
Attn: Consumer Disclosure
P.O. Box 540
Southampton, PA 18966
www.certiphi.com
(800) 260-1680

This release and authorization shall remain valid and in effect during the period in which I am enrolled at the School.

- I waive my right to see my professional letters of recommendation.
- I do not waive my right to see my professional letters of recommendation.

If "waive" is checked, I waive my right to see this letter under the "Family Educational Rights and Privacy Act (FERPA)". I acknowledge that this letter is for the specific purpose of supporting my application for acceptance in the Master of Science in Medical and Health Care Simulation program.

Date

Authorized Signature

For Maine Applicants Only

Upon request, you will be informed whether or not an investigative consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within 5 business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any reports.

For New York Applicants Only

You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report.

For Washington Applicants Only

If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time, to receive from us a complete and accurate disclosure of the nature and scope of the investigation. You have the right to request from the consumer reporting agency a summary of your rights and remedies under state law.

For California*, Minnesota, and Oklahoma Applicants Only: *A consumer credit report will be obtained through Certiphi Screening, Inc., P.O. Box 540, Southampton, PA, 18966. Telephone (800) 260-1680. www.certiphi.com.*

If a **consumer credit report** is obtained, I understand that I am entitled to receive a copy. I have indicated below whether I would like a copy. Yes _____ No _____
Initials Initials

If an **investigative consumer report** and/or consumer report is processed, I understand that I am entitled to receive a copy. I have indicated below whether I would like a copy. Yes _____ No _____
Initials Initials

***California Applicants:** If you chose to receive a copy of the consumer report, it will be sent within three (3) days of the employer receiving a copy of the consumer report and you will receive a copy of the investigative consumer report within seven (7) days of the employer's receipt of the report (unless you elected not to get a copy of the report). **Certiphi Screening's privacy practices with respect to the preparation and processing of investigative consumer reports may be found at www.certiphi.com (link at bottom of page entitled, "Legal/Privacy").**