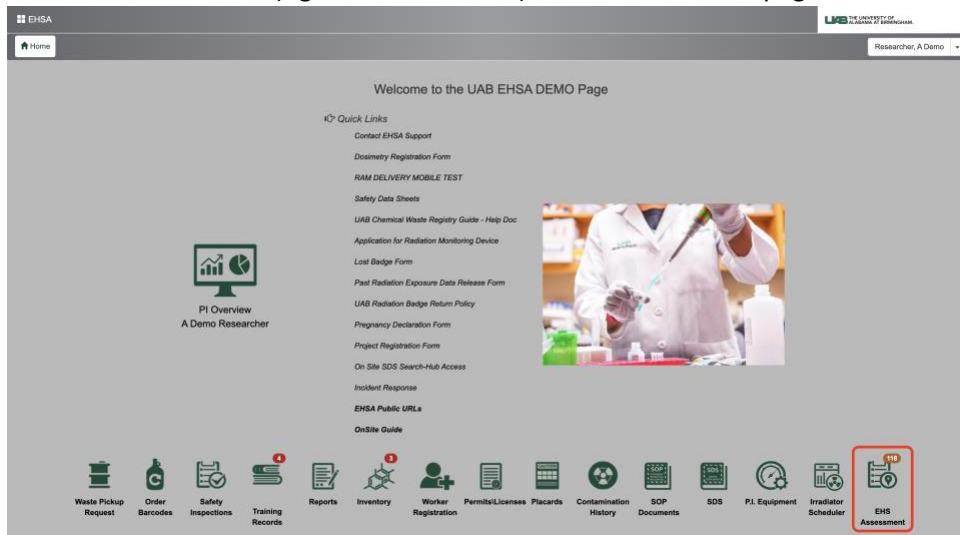


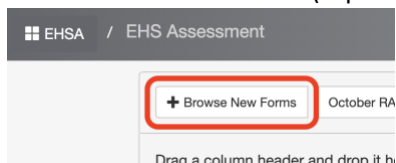
Completing the Fair Credit Reporting Act (FCRA) Form

The Drug Enforcement Agency (DEA) requires a thorough background check for anyone using controlled substances during research or veterinary care. The FCRA authorization form explains what records will be accessed, obtains consent, and gathers necessary information for this requirement.

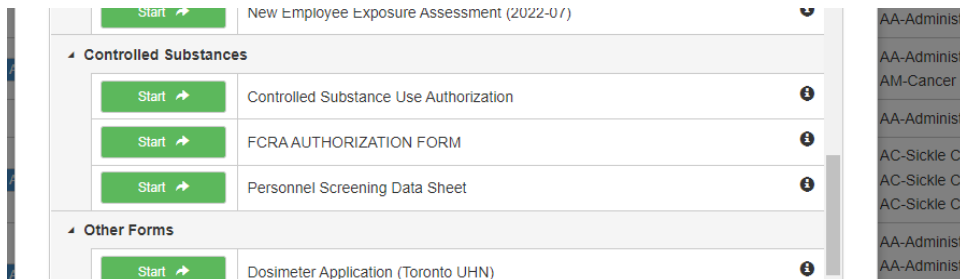
1. Click **EHS Assessment** (right bottom corner) on the EHSA home page.



2. Click **Browse New Forms** (top left corner)



3. Click **Start** next to FCRA Authorization Form



4. A Screen appears that authorizes the collection of the listed information and your rights under the Fair Credit Reporting Act. Scroll to the bottom of the form and select **Next**.

THE UNIVERSITY OF ALABAMA AT BIRMINGHAM

**BACKGROUND CHECK ACKNOWLEDGEMENT AND
AUTHORIZATION**



As a condition for my participation in the University of Alabama at Birmingham ("UAB") Controlled Substances Program ("UAB CSP"), I understand that the University will conduct a background check about me for its use in determining whether I can utilize controlled substances in non-human research at UAB.

By signing this Authorization, I hereby authorize the University to obtain consumer credit reports and/or investigative consumer reports about me. I understand and acknowledge that this Authorization allows the University and Employment Screening Service, LLC, d/b/a Global HR Research ("GHR"), 2700 Corporate Drive, Suite 100, Birmingham, AL 35242 or any other company authorized by the University, to contact any and all corporations, companies, entities, or organizations including, but not limited to:

- My current and former employers;
- Consumer reporting agencies;
- Education institutions;
- Law enforcement agencies;
- City, state, county, federal courts and agencies;
- Military services;
- Drug Enforcement Administration ("DEA") Field Division Offices;
- Credentialing and Licensing organizations and entities.

I authorize any and all persons and entities contacted to release information about my background, including, but not limited to:

- Information about my employment;
- Address history;
- Professional licenses and credentials;
- Lawsuit history;
- Social security number validation;
- Education;
- Consumer credit history;
- Driving record;
- Criminal record;
- General public records' history; and
- Any other public or private information services.

I understand that before taking any adverse action based in whole or in part on the report, the University shall provide me a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act (FCRA). The Consumer Financial Protection Bureau's "Summary of Your Rights under the Fair Credit Reporting Act" is available in [English](#) and [Spanish](#). You may also contact [UAB Human Resources](#) to request a copy of the report.

Comment

5. Under the General Information tab, complete the required information.
If you need more space to enter recent addresses, then click **Add**.

First Name:	
Last Name:	
Former/Other Names Used:	
SSN:	
Blazer ID:	
Driver's License Number:	
State:	
Name As It Appears on License:	
Sex:	
Race:	
Date of Birth:	
Phone Number:	
Email Address:	

Please Provide All Addresses Where You Have Lived for the Past Seven Years. Use the Back of this Form if You Need More Room.

Current Address:

Full Street Address:	
Apt. #:	
City:	
State:	
Zip Code:	
Date Moved In:	

Former Address:

 **Add** Select 'Add' to create a new response.

6. Once your information is complete, click **Sign** then click **Save As Complete**.

I represent to the best of my knowledge that all information provided above is accurate, true and correct, and that I fully understand the terms of this Authorization. I have read and comprehend this form and hereby authorize any person, company, or other entity contacted by the University of Alabama at Birmingham to provide the information stated above. If I am approved as a participant in the UAB CSP, this Authorization shall remain in effect for the length of my participation. I agree that a fax, photocopy or electronic copy of this authorization with my signature will be accepted with the same authority as the original.

 Sign			
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Date of Birth:

Assessment Submitted 

The assessment has been successfully submitted.



Current Address: