

University of Medicine and Dentistry of New Jersey
INTERN DISCLOSURE AND AUTHORIZATION FORM

In connection with my application for internship UMDNJ, I understand that a consumer report or investigative consumer report, as those terms are defined in the Federal Fair Credit Reporting Act as amended (FCRA), 15 U S C 1681 et seq., may be obtained by UMDNJ from a consumer reporting agency. I understand that the report may include but not be limited to my consumer credit history, education, professional licensing, professional liability claims history, criminal history, driving history, personal character, abilities, work habits, charges of research misconduct, mode of living, residency, immigration status, general reputation, performance, experience and other qualities pertinent to my qualifications for an internship, including reasons for termination of past employments. I further understand that the consumer reporting agency may not give out information about me to UMDNJ without my written consent.

I understand that I am entitled to be informed if an internship is withheld because of information obtained from the consumer reporting agency; and in that event, I have sixty (60) days within which to submit a written request to the consumer reporting agency which will provide me with a copy of my file and a "Summary of Your Rights Under the Fair Credit Reporting Act."

I hereby authorize UMDNJ and affiliated clinical facilities where I may intern to obtain consumer reports in connection with my application for internship at UMDNJ. I authorize all former employers, listed references, schools, law enforcement agencies and courts, to release to UMDNJ and/or their representatives information pertaining to me.

Note: The phrases and wording contained in this authorization are required under the FCRA. UMDNJ will not run a credit check as part of the investigation unless the internship for which applied requires financial information on a prospective applicant. The applicant will be notified if a credit check is required.

Please Print

Name: _____ SS#: _____ Phone#: _____

Other name(s) used: _____ Email: _____

Applicant Signature: _____ Date: _____