

AUTHORIZATION TO OBTAIN BACKGROUND REPORTS

I certify that I have received, read and understand the separate documents entitled Disclosure Regarding Background Reports, and A Summary of Your Rights Under the Fair Credit Reporting Act. I authorize ***the University of Tennessee at Martin Department of Nursing*** to obtain background reports regarding me. To this end, I authorize any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company and any other person or entity to furnish any background information about me. I agree that a facsimile, electronic or photographic copy of this authorization shall be as valid as its original.

Signature

Date