

INVESTIGATIVE ASSOCIATES & CONSULTANTS, INC.

On behalf of Davidson County Community College

AUTHORIZATION FOR RELEASE OF INFORMATION & RECORDS

I, _____, understand that in consideration of my application for a clinical rotation at a healthcare facility associated with Davidson County Community College, an investigation will be conducted. I authorize Investigative Associates & Consultants, Inc. to conduct such an investigation, releasing the organization including its officers, employees, and representatives, from all liability or responsibility for this investigation, which may include, but not be limited to, the gathering of information regarding verification of prior employment, education, references, consumer credit history, driving history, and any criminal history which may be in the files of any state, federal, or local criminal justice agencies. I understand that I have the right to request, in writing, a complete and accurate disclosure of the nature and scope of this investigation. I authorize Investigative Associates & Consultants to transmit a copy of my background investigation to other entities such as hospitals or clinical sites where I may participate in additional clinical rotations. **I understand that the information requested below regarding sex, race, date of birth, and maiden name is for the sole purpose of gathering information accurately.**

_____ Last First Middle (Please print Full Name – Do not use initials)			_____ Social Security #		_____ Mo. Day Yr Date of Birth		
_____ Maiden, Previous Married, and all other Alias names used			_____ Driver's license #		_____ State	_____ Sex	_____ Race
_____ Daytime Telephone Number			_____ Email Address				
_____ Present Address			_____ City/State		_____ Zip/County		_____ Yr Mo How long?

List all other addresses used for the past 7 years - use additional page(s) if needed.

_____ Previous Address			_____ City/State		_____ Zip/County		_____ Yr Mo How long?
_____ Previous Address			_____ City/State		_____ Zip/County		_____ Yr Mo How long?
_____ Previous Address			_____ City/State		_____ Zip/County		_____ Yr Mo How long?

If you have lived in the following states within the last seven years; Alabama, Arkansas, Canada, District of Columbia, Georgia, Idaho, Iowa, Massachusetts, Minnesota, New Hampshire, New Jersey, South Dakota, or Virginia, you will be asked to complete an additional form in order to complete your application.

If you have lived in Canada, Delaware, Nevada, Ohio, South Dakota, West Virginia or Wyoming, you will need to obtain the appropriate fingerprint card(s) in order to complete your application.

A telephone facsimile or photographic copy of this authorization shall be as valid as the original.

PROGRAM - COURSE

Applicant's Signature

Date

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