

PLEASE PRINT CLEARLY

Lakeland Regional Medical Center Authorization and Release Form for Background Report

Name: _____ (Last, First, Middle)

Maiden Name and/or Alias: _____

Date Of Birth: _____ Social Security Number: _____

Sex: Male () Female () Race: _____ Home Phone: (____) _____

7 Years of Residential History, Please:

Current Address: Number and Street _____

County, City State, Zip _____ Yrs. at Address: _____

Previous Address: Number and Street _____

County, City State, Zip _____ Yrs. at Address: _____

Previous Address: Number and Street _____

County, City State, Zip _____ Yrs. at Address: _____

AUTHORIZATION TO RELEASE CRIMINAL HISTORY INFORMATION REPORTS, PRIVATE COMPANIES' DISHONESTY, DRUG OFFENSE, OR VIOLENCE REPORTS, OR CREDIT BUREAU REPORTS, OR MOTOR VEHICLE REPORTS. For and in consideration of my being considered for employment at Lakeland Regional Medical Center (LRMC), I hereby authorize LRMC to make inquiries to Merchants Security Exchange (MSE), a consumer reporting agency, concerning my employment suitability and qualification; including: (i) any public record of any convictions for crimes of violence or dishonesty; (ii) any incidents of employment dishonesty, retail theft, or other employment related acts of dishonesty, violence, or drug related offenses reported to MSE by any merchant or employer where such acts occurred; or (iii) any credit bureau reports. I further authorize any governmental agency where such conviction information is on file, or any company (Prior Company) where such incident or credit transaction occurred, and MSE to disseminate such report(s) to LRMC during any periods while I may be employed by LRMC, I hereby authorize LRMC to make further like inquiries to MSE as LRMC may from time to time, deem necessary for employment purposes. I also hereby authorize MSE, any such governments agency any such credit bureau, and any such prior company to issue such reports in response to LRMC's inquiry. I waive any further notice with respect to LRMC's inquires or with respect to such governmental agency's, such Prior Company's, such credit bureau's or MSE's dissemination of any such report(s). I hereby generally release and fully discharge MSE every such government's agency, every such credit bureau, and every such Prior Company from and against any and all liability with respect to, or arising from, the release or dissemination of any such information for such purposes. I understand and agree that my employment, promotion, or retention may be determined in whole or in part, based on the report(s) so issued to LRMC by MSE. I have been informed and I understand that I may obtain a copy of such report and that I may dispute the accuracy or completeness of the information reported to LRMC by writing or calling MSE at the address and/or telephone numbers listed below.

X _____
Applicant Signature

Date: _____

Employer: Lakeland Regional Medical Center
1324 Lakeland Hills Blvd.
Lakeland, FL 33805

863-687-1310 telephone
863-284-1892 fax
Agency: Merchants Security Exchange (MSE)

20401 N.W. 2nd Avenue, Suite 310
Miami, FL 33169
(800) 226-4483 telephone

(800) 226-6363 fax