



Background Check Order Form Mayo Clinic Volunteer Services

Please print clearly.

Name _____ Maiden Name _____ Years _____
 Phone _____ DOB _____ SSN _____
 Driver's License No. _____ State _____ I.D. No. _____ State _____
 Alias Name _____
 Alias Name _____
 Alias Name _____

Residences (start with current)

Address _____ Dates: _____
 Street Apt. City State Zip
 Address _____ Dates: _____
 Street Apt. City State Zip
 Address _____ Dates: _____
 Street Apt. City State Zip

Disclosure and Authority to Release Information

I understand that in processing my application with **Mayo Clinic**, an investigative consumer report may be conducted to obtain and verify information relating to my past activities and background. Information may include, but is not limited to: employment history, education, criminal records, motor vehicle records, personal references, and any data provided on this form, or during the interview process.

I authorize the appropriate individuals, companies, institutions or agencies to release information, and I release them from any liability as a result of such inquiries or disclosures.

I further understand and waive my right of privacy in this investigation and release and hold harmless **Mayo Clinic** and its agent Verified Credentials, Inc., from any liability.

An investigative consumer report may be generated summarizing this information. I have a right under the "Fair Credit Reporting Act" to obtain a copy of this report by providing proper identification and directing a written request to Verified Credentials Incorporated, 20890 Kenbridge Court, Lakeville, MN, 55044. 1-800-473-4934. I may also obtain a copy of this report by checking the "YES" box below.

I would like a copy of any report regarding me. YES NO

I hereby certify that all the statements and answers set forth on the volunteer form are true and complete to the best of my knowledge, and I understand that if any statements and/or answers are found false or the information has been omitted, such false statements or omissions may be cause for rejection or termination of my volunteership.

I authorize a photocopy of this release to be accepted with the same authority as the original.

Signature _____

Date _____
(To be used for background information ID only)

Mayo Use Only:

VMS Client Code: MCV001 / Fax No. 952-985-7212

Send results to: _____