

Authorization

Applicant's Information:

First Name:
Crisida

Middle Name:

Last Name:
Dela Cruz

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the separate document entitled BACKGROUND CHECK DISCLOSURE and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports," including criminal background checks, by VA Mason Medical Center ("the Company") at any time after receipt of this authorization and throughout my employment, contract or privileges, if applicable. I consent to and authorize the Company throughout the term of my employment or contract, to share any consumer report received with a related entity or, if applicable, to share my report for business reasons including placing me at certain work sites, etc. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by PreCheck, Inc, 3453 Las Palomas, Alamogordo, NM 88310; [1-888-773-2432], another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

My signature applied to the box below confirms my review, understanding, and consent, as set forth in this Authorization.



E-Signature:
Signed from IP:

Time: 3/16/2023 6:32:07 PM