

I. I understand that an investigative report may be generated on me that may include information as to my character, general reputation, personal characteristics, or mode of living; work habits, performance or experience, along with reasons for termination of past employment/professional license or credentials; or criminal/civil/driving record history. I understand that SecurTest, Inc. and/its agents or affiliates, on behalf of my prospective or current employer, may be requesting information from public and private sources about any of the information noted earlier in this paragraph in connection with the employer's consideration of me for employment, continued employment, promotion, position, or re-assignment, now or at any time during my tenure with the employer, and I give my full consent for this information to be obtained. **We do not check consumer credit reports.**

II. IF APPLICABLE, Medical and worker's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the **Fair Credit Reporting Act** (FCRA, Public Law 91-508, Title VI), I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer reporting agency. If so, I will be notified and be given the name of the agency providing that report.

III. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies.

IV. I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer or insurance company contacted by Eid Passport Inc. and SecurTest, Inc. or its affiliates or agents to furnish the information described in Section I.

V. I understand that if I am a resident of **California, Minnesota/Oklahoma (only)** I may obtain a copy of the report ordered, and now indicate my desire to do so by checking this box .

Code: **UNIGAI**  
**(University of Florida Gainesville College of Medicine)**

**CANDIDATE COMPLETE THE FOLLOWING: [INFORMATION MUST BE NEATLY PRINTED OR TYPED]**  
**ALL BOXES MARKED ★ MUST BE COMPLETED**

<input type="text"/>	<input type="text"/>
Please print first name ★	Today's Date
<input type="text"/>	<input type="text"/>
Please print middle name	Please print last name ★
<input type="text"/>	<input type="text"/>
Please print any other last name you have used	Please print maiden name (if any)
<input type="text"/>	<input type="text"/>
	What C O U N T Y do you live in (not country)

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

<input type="text"/>	<input type="text"/>
Month, Day and Year of Birth <b>mm/dd/yyyy</b> ★	Social Security Number <b>(REQUIRED)</b> xxxxxxxx (no dashes) ★
<input type="text"/>	<input type="text"/>
Home Address (Do not use a Post Office Box) ★	City State Zip ★
<input type="text"/>	<input type="text"/>
Driver's License Number and State or Government ID	Telephone Number, including Area Code ★

**Email Address to help expedite your receiving a copy of any report with adverse information in accordance with the Fair Credit Reporting Act:**

➔  **Important** **YOUR EMAIL – (Call SecurTest if you do not have)** or obtain a free at gmail.com or yahoo.com, among others

**FAIR CREDIT REPORTING ACT NOTICE:**  
In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Status of updates are available on request. Although every effort has been made to assure accuracy, SecurTest, Inc., its affiliates or sources of information cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the employer (user's) responsibility. SecurTest, Inc.'s policy requires purchasers of these reports to have signed a Service Agreement. This assures SecurTest, Inc., its agents or affiliates that users are familiar with and will abide by their obligations, as stated in the FCRA, to the individuals named in these reports. **If information contained in this report is responsible for the suspension or termination of an employee or the application process the candidate/employee must receive a copy of the SecurTest report and SecurHomeland to verify and authenticate the information. The employer has agreed to give you a copy of any report and SecurHomeland Verification Questionnaire if the report contains any adverse information. The search cannot be completed unless you answer every question. See iReviewNow consent on page 2.**

**NOTICE TO CALIFORNIA CANDIDATES**

You have a right to obtain a copy of any consumer report or investigative consumer report obtained by checking the box provided below. The report will be mailed or emailed to you within three (3) business days after we receive the requested reports related to the matter investigated. Under section 1786.22 of the California Civil Code, you may view the file maintained on you by SecurTest, Inc. during normal business hours. You may also obtain a copy of this file directly from SecurTest, Inc. by calling them, appearing in person, making a request by mail, fax or online. SecurTest has personnel available to explain your file to you and will explain any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification. See the contact information of SecurTest on page 2.

I request to receive a free copy of this report by checking this box..

➔  (x)  ★  
(SIGNATURE)

**Employer Instructions:**  
**Attach both pages**  
**Upon Submission**  
**FAX: 866-580-4851**



Print your **FIRST** and **LAST** NAME in the box

**INSTANT ABILITY TO REVIEW YOUR REPORT.** Your prospective employer or employer, if currently employed, uses the exclusive iReviewNow System, which allows you to review your background (consumer) report at the same time to insure fairness and accuracy.

- 1. You have an opportunity to see what is being reported about you at the same time or near the same time as Maricopa Integrated Health System by email or secure Internet Login.**
- 2. You have an immediate opportunity to make sure the report is your report and see if your identity has been stolen or is being fraudulently used.**
- 3. You have an immediate opportunity to make sure the information is accurate.**
- 4. You have an immediate opportunity to explain any information about the report that may help the organization make a more informed decision.**

**I agree to the following terms and conditions.**

1. The information I have entered is my personal information and is accurate.
2. I am the person identified in the information I have written. I acknowledge that a facsimile (FAX) or photographic copy of this release shall be as valid as the original.
3. I am the applicant, employee, or consumer named in the information I entered knowing it is a crime to use illegally another person's information to gain access to their consumer or background report.
4. I agree to review the complete iReviewNow (SecurHomeland) report for accuracy.
5. I agree to answer ALL questions about my report, which will be stored for future reference and use by employers, the background screening providers, and SecurTest, Inc., among others.
6. I agree that the employer, company or organization that requested the report, or the background screening provider, does not need to mail any information or copies of reports to me as I will use iReviewNow in place of the Fair Credit Reporting Act (FCRA) and other state and/or federal laws, regulations, or guidelines. I am responsible for the security of the report sent to me by mail or email. I authorize all notices, letters, reports, consumer rights, and other communications to be transmitted to me by email, and certify by my signature below that transmission of such information provides sufficient proof of my receipt where I have provided an email address.
7. I understand that iReviewNow (SecurTest, Inc.) is only reporting the information in the report and does not make any positive, negative or adverse employment decisions based on the information, as the employer is solely responsible for hiring and retention decisions. Thus, I hereby release and forever hold harmless SecurTest, Inc., iReviewNow, the information provider and/or user for providing me my report through iReviewNow. **Go to iReviewNow.com/login to register for automated notification of your report.**
8. I have had an opportunity to read or review my rights under the FCRA, other applicable regulations, state and federal laws. I further agree that I may rescind this agreement in writing to SecurTest, Inc.
9. **ELECTRONIC SIGNATURE AUTHORIZATION:** I hereby certify that if I elect to sign page on electronically that it may be used by the employer or prospective employer, SecurTest, Inc., their agents, or authorized third parties to rely on it as if it were your original handwritten signature.

**Make a copy of both pages for the subject.**

INVESTIGATIVE CONSUMER AGENCY CONDUCTING INVESTIGATION:

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**THESE DOCUMENTS / FORMS MAY ONLY BE USED AS LICENSED TO YOUR EMPLOYER OR PROSPECTIVE EMPLOYER FOR CONDUCTING A BACKGROUND INVESTIGATION. AS AN APPLICANT, YOU HAVE A RIGHT TO MAKE A PERSONAL COPY. NO OTHER COPIES ARE AUTHORIZED WITHOUT WRITTEN PERMISSION OF THE PRESIDENT AND CEO OF SECURTEST, INC. The employer or prospective employer is licensed to use iReviewNow.**



(x)  
(SIGNATURE)



Today's Date

**FAX: 866-580-4851**

**Employer Instructions:**

**YOU MUST MAINTAIN THE ORIGINALS.**