



Georgetown
University
Hospital

• Drug Screening
Form

REMINDERS

- Drug Test/Background Check is done Monday-Friday, 9:30-3:30pm.
- **Main Building, 1st floor, room M1300** (Go to the Main Building Elevators. Before the photographs of the Popes, make a left through a set of double doors. The drug screen office is the 1st door on the right labeled "Kroll Labs"
- Keep this form and give it to the KBA representative at your appointment.
- **Bring a picture ID** and this form to the test.
- Be sure to drink liquids before the test.

VOLUNTEER SERVICES BACKGROUND CHECK

**AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A
CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT**

I, the undersigned consumer, do hereby authorize **Georgetown University Hospital**, by and through its independent contractor, **KROLL BACKGROUND AMERICA, INC. ("KBA")**, to procure a consumer report and/or investigative consumer report on me.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, personal characteristics and mode of living, discerned through employment and education verifications; personal references; personal interviews; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to **KBA**, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681et. seq.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to **Georgetown University Hospital**, by and through **KBA**, including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release **Georgetown University Hospital**, by and through **KBA** and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, by me, my heirs or others making such claim or demand on my behalf, for providing a consumer report and/or investigative consumer report hereby authorized. I understand that this Authorization/Release form shall remain in effect for the duration of my employment with said Company. Further, I certify that the information contained on this Authorization/Release form is true and correct and that my application for volunteering will be terminated based on any false, omitted or fraudulent information.

Signature: _____ Date: _____

Printed Name: First Middle Last

Other Names Used/Dates Used

Social Security Number: _____ Daytime Telephone Number: _____

Driver's License Number: _____ State of Issue: _____ Date of Birth*: _____ Male Female*

(please circle one)

*This information is used for identification purposes only.