



Background Authorization Release and Disclosure Form

I understand and agree that all information furnished in an application and/or resume for employment at St. Jude Children's Research Hospital (St. Jude) may be verified by St. Jude and/or Verifications, Inc., a US-based Safe Harbor Certified Consumer Reporting Agency, acting on behalf of St. Jude. I hereby authorize all individuals and organizations named or referred to in my application and/or resume and any records repository, or law enforcement agency to give St. Jude information including, but not limited to, SSN Trace history, Office of Inspector General's list of excluded individuals, Global Watch Alert and any criminal record, including county, federal and state. I understand that information related to my birth date may be used for the purpose of a criminal record check if I become a final candidate for employment in a position(s) at St. Jude. I understand and authorize that some or all of this information about me may be transmitted electronically and, when required, may be transferred across international borders. I understand that supplemental forms and/or authorizations may be required to obtain international information and that host-country and receiving country privacy laws will be observed if information is transferred across international borders. *I am willing that a photocopy of this authorization be accepted with the same authority as the original; and that if employed by the above-named company this authorization will remain in effect throughout such employment unless prohibited by applicable law or I withdraw my authorization in writing.*

I understand that by this document St. Jude discloses to me that a consumer report may be obtained as part of the background investigation and at any time during my employment. I may request a copy of any report that is prepared regarding me, including a written summary of my rights under the Fair Credit Reporting Act, and may also request the nature and substance of all information about me contained in the files of the consumer-reporting agency. I understand that proper identification will be required and that I should direct my request to: **Verifications, Inc., 1425 Mickelson Drive, Watertown, SD 57201. Phone 1-866-280-4091 / 1-800-247-0717 / 605-884-1200.**

I understand that any false information, misrepresentations or concealment of fact is sufficient grounds for either my immediate discharge without recourse or refusal of employment by St. Jude Children's Research Hospital, regardless of the time elapsed after discovery.

I have carefully read the above Background Authorization Release and I understand and agree to all of the statements.

Name (Last, First, MI - Please Print) _____

Signed: _____ Date: _____

Birth date*(mm/dd/yyyy): _____ Social Security Number: _____ - _____ - _____

All names you have used within the last 10 years: _____

Present Address: _____ **City** _____ **State** _____

All cities, states, counties and countries in which you have lived, worked or attended school within the last 10 years:

Fax or mail the signed copy to the following:

Fax to Attention: Jeannie Diaz
Clinical Education & Training
(901)595-4651

Mail to Attention: Jeannie Diaz
Clinical Education & Training, MS 277
St. Jude Children's Research Hospital
262 Danny Thomas Place
Memphis, TN 38105-3678

Revised 1/9/09