美国佛州中醫學院

FLORIDA COLLEGE OF INTEGRATIVE MEDICINE

7100 Lake Ellenor Drive, Orlando, FL 32809 | www.fcim.edu | (407) 888-8689

Applicant Background Check Consent & Authorization Form

An applicant for admission to the Florida College of Integrative Medicine must complete all relevant information below and sign and date this form.

I, ______________________________, hereby authorize the Florida College of Integrative Medicine ("**FCIM**" o "**College**") and/or its agents to make an independent investigation ("**Background Check**") of my background, references, character, past employment, education, credit history, adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Admissions Application and/or obtaining other information which may be material to my qualifications for admission to the College and/or for any legitimate business purpose related to my admission to and/or affiliation with the College. I understand that the Background Check may include information pertaining to my character, general reputation, personal characteristics, mode of living and credit history.

I hereby acknowledge that I understand and agree that FCIM has a legitimate business interest in conducting the Background Check so as to, among other things, prevent fraud in the College's admission of new student applicants, maintain the safety and security of the College's students, patients, staff, faculty, employees, agents and representatives, and uphold the integrity, safety and congeniality of the campus and overall learning environment offered by the College.

I understand that in the event I am accepted for admission to FCIM, the College may obtain follow-up Background Checks at any time for as long as I remain a student at the College. This consent and authorization will apply throughout my studies at FCIM.

I hereby expressly and irrevocably release the College and its agents and any person or entity, which provides and/or receives information pursuant to this consent and authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (Printed): ____

Maiden Name or Other Names Used: ____

Social Security Number: _____________________________ Date of Birth: _______/______/______

Present Address: ____

City: ____________________________________ State: ____________ Zip: _____________

How Long at Present Address? ____

Driver's License Number: _____________________________ State of License: _______________

SIGNATURE OF APPLICANT: ______________________________ **DATE:** _______________