

Must be fully completed, printed and signed

The information received by the Department of Human Resources Management as a result of signing this Release may be used to assist in a background investigation of you and may be used in conjunction with your application to evaluate your suitability for employment at the Medical University of South Carolina.

Any misrepresentation, falsification or misleading statements or omission of facts by me may result in my being disqualified from further consideration for employment or in my immediate termination should I already be employed by the Medical University of South Carolina.

This permission is given this _____ day of _____, _____.
Date Month Year

*Age is not a criterion in any decision. But is used for identification purposes ONLY.