

DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for placement within my course curriculum, and internship facility, I authorize FirstLab to request a consumer and/or investigative consumer report on me from **OneSource, Inc. ("OneSource")**. Such reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living; my driving history, including any traffic citations; workers' compensation records after a conditional job offer has been extended and to the extent permitted by law; a social security number trace; present and former address trace; criminal and civil history/records; and any other public record.

I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to Piedmont Technical College and OneSource, including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus. I authorize Piedmont Technical College to share such information only with parties in interest who have a "need to know" such information to protect them and their employees. OneSource does not sell or otherwise provide any of the information found in its background investigations to any party other than FirstLab and my school.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any consumer report of which I am the subject upon my written request to OneSource. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I agree that this authorization shall remain valid for the duration of my schooling. I certify that the information contained on this Authorization form is true and correct and that my application for schooling may be terminated based on any false, omitted or fraudulent information.

Signature: _____ Date: _____

Printed Name: _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Last Name: _____ First Name: _____ Middle: _____

Other Names Used _____ Years Used _____

Other Names Used _____ Years Used _____

Current Address: _____

Street /P. O. Box City State Zip Code County Dates

Former Address: _____

Street /P. O. Box City State Zip Code County Dates

Former Address: _____

Street /P. O. Box City State Zip Code County Dates

Former Address: _____

Street /P. O. Box City State Zip Code County Dates

Former Address: _____

Street /P. O. Box City State Zip Code County Dates

Social Security Number: _____ Date of Birth: _____

*Gender: _____ Driver's License Number: _____ State of Issuance: _____

E-mail Address: _____ Daytime Phone Number: _____ **For**

CA, MN & OK Residents Only: Please provide me with a copy of my background report YES: NO

For California residents: Under § 1786.22 of the California Civil Code, you may view the file maintained on you by OneSource, Inc.. You may also obtain a copy of this file, upon submitting proper identification by submitting a request by mail, by appearing at OneSource's offices in person during normal business hours and on reasonable notice, or you may also receive a summary of the file by telephone after submitting a written request. OneSource has trained personnel available to explain your file to you and will provide a written explanation of any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. OneSource is located at 12 N. Braddock St, Winchester, VA 22601 and may be contacted at 888.285.3625.

*Please note that providing your gender is strictly voluntary. This information will enable us to properly identify you in the event adverse information is found during the course of the background investigation.

Please note that nothing herein shall be construed as legal advice.

DRUG TESTING CONSENT FORM

Program: _____

I understand that drug testing is a part of the academic enrollment process & procedures for participation in educational programs and services. I consent freely and voluntarily to Piedmont Technical College's request for a drug screening specimen for the purpose of determining the presence of illegal drugs or other controlled substances.

I hereby give my consent to, and authorize, **FirstLab** to perform any testing necessary to determine the presence and/or level of drugs in my body, on behalf of the academic institution.

I further give my consent to release the results of any test performed pursuant to this consent form, including any tests or medical procedure to determine the level and/or presence of drugs, to the above listed academic institution or its designated agents.

I hold the academic institution harmless, its officers, agents, employees, instructors, directors and volunteers as well as the testing company from any claims I may have against any or all of them arising out of the drug screening test and its use to determine whether I may be enrolled within the educational programs and services.

I understand that if I am unable to produce a specimen at the original time of testing, I will be allowed to go to a designated local medical office to produce a specimen. The inability to produce a specimen by the end of the day will result in an automatic failure out of the program.

A copy of this consent form shall be valid as an original.

I have read this form in full and understand the above statements.

Donor's Printed Name:

Donor's Signature

date

Witness Signature

date