

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION

American Academy of Dermatology ("the Company") may obtain information about you for employment/volunteer or contractor purposes from a third party consumer reporting agency and may disclose your background check and the information in it to third parties in conjunction with your assignment(s) or proposed assignment(s) to them. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education (including transcripts), or other background checks. These searches will be conducted by **Accurate Background, 7515 Irvine Center Dr., Irvine, CA 92618, (800)-216-8024, www.accurate.com**.

You have the right, upon written request made within a reasonable time, to request from the Company (1) whether an investigative consumer report has been obtained about you, (2) disclosure of the nature and scope of any investigative consumer report and (3) a copy of your report. These reports will be prepared by **Accurate Background, 7515 Irvine Center Dr., Irvine, CA 92618, (800) 216-8024, www.accurate.com**.

Signature: _____ Date: _____

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the separate documents entitled DISCLOSURE REGARDING BACKGROUND CHECK, DISCLOSURE FOR INVESTIGATIVE CONSUMER REPORT, if applicable, A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and OTHER STATE LAW NOTICES and certify that I have read and understand each of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by **American Academy of Dermatology** (the "Company") at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Accurate Background, 7515 Irvine Center Dr., Irvine, CA 92618, (800)-216-8024, www.accurate.com** and/or the Company. This information may include, but not be limited to, information regarding my criminal history, social security verification, motor vehicle records ("driving records"), verification of my education or employment history, or other background information. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

New York City applicants only: By signing this form, you further authorize the Company to provide you with a copy of your consumer report, the New York City Fair Chance Act Notice form, and any other documents, to the extent required by law, at the mailing address and/or email address you provide to the Company.

Minnesota applicants only: You have the right to submit a written request to the consumer reporting agency for a complete and accurate disclosure of the nature and scope of any consumer report the Company ordered about you. The consumer reporting agency must provide you with this disclosure within five business days after its receipt of your request or the report was requested by the Company, whichever date is later. Please check the box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Signature: _____ Date: _____

PLEASE PRINT NEATLY AND MAKE SURE THE PRINTING IS LEGIBLE

First Name:

Middle Name:

Last Name:

Maiden Name:

Date Changed:

Other last names used:

Date Changed:

Other last names used:

Date Changed:

Other last names used:

Date Changed:

List all cities and states where you have lived for the past 7 years - Attach additional sheet if necessary

Street

City

County

State

ZIP

How Long?

Current:

2:

3:

4:

Present Phone Number (with area code):

Social Security Number:

Date of Birth* (MM/DD/YYYY):

Gender*

☐ Male ☐ Female

NOTE: YOU MUST RETURN BOTH PAGES OF THIS NOTICE
no later than October 1 via fax to (847) 240-0333
or email a PDF to callfornominations@aad.org
Attention: Call for Nominations