



HUTCHINSON
REGIONAL HEALTHCARE SYSTEM

Authorization Form

Last Name	First Name	Middle Initial
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Other Names Used (maiden name, AKA names, etc.)

Address (Residential, City, State, Zip)

Social Security Number

Date of Birth

DL number

Signature

Date

Hutchinson Regional Healthcare System may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigate consumer report” which may include but is not limited to: employment and education verifications; social security number verification; criminal and civil court records; personal interviews; driving records and/or any other public records or any other information bearing on your character, general reputation, personal characteristics and trustworthiness. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report.