



Authorization to Release Criminal History Information

First and Last Name: _____

Date of Birth: _____

Previous Name: _____

As part of the application process for participation and/or acceptance at **University of Miami School of Miller School of Medicine**, I _____ understand that they and/or its agents may conduct an investigation of my personal information. The investigation may include, but is not limited to Criminal History Records (from State, Federal, and Other Agencies), SSN Trace, Nationwide Sex Offender Registry Search, Nationwide Criminal Index Search, OIG (Office of Inspector General), GSA (General Services Administration). I understand that these records may be used for the eligibility of my acceptance into the aforementioned institution’s educational program. I authorize without reservation the full release of these records and the University of Miami Miller School of Medicine Administration (UMMSM) and/or its agent contracted by UMMSM, such as affiliated hospitals to obtain information. In addition, I release and discharge UMMSM, and all of its agents and associates, any expenses, losses, damages, liabilities, or any other charges or complaints for the investigative process. I also authorize the full release of the information describe above, without any reservation, throughout any duration of my participation at **University of Miami Miller School of Medicine**. I also certify that all information provided is correct on the application to the best of my knowledge. Any false statements provided will be considered just cause for denial of participation and/or acceptance.

I _____ request and authorize the Office of Student Affairs to release my criminal background check done through Complio / American Databank Screening, Inc. upon admission to the UMMSM, to clinical training sites, whether in or outside of the state of Florida, as deemed necessary by the School of Medicine.

- Request to upload Complio /American Databank background report on to VSAS under supplemental documents
- Provide me with a hardcopy to send to non-VSAS externship(s)

NAME OF EXTERNSHIP	Address

Signature: _____

Date signed: _____