



**FAIR CREDIT REPORTING ACT RELEASE FORM  
FOR DRAKE UNIVERSITY COLLEGE OF  
PHARMACY AND HEALTH SCIENCES  
STUDENTS/APPLICANTS**

1. In connection with my application to enroll in the Drake University College of Pharmacy and Health Sciences, my continued enrollment in the College of Pharmacy, and/or my participation in the experiential component of the College of Pharmacy program, I understand that a consumer report or an investigative consumer report may be requested that may include information from public or private sources bearing on my past employment, criminal record, credit history, driving record, educational record, credentials, and references.
2. This release is valid for most federal, state, and county agencies.
3. I hereby authorize, without reservation, any law enforcement agency, institution, agency, information service bureau, school, employer, reference or insurance company contacted by Drake University or its agent, to furnish the information described herein.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

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Last Name	First Name	Middle Name
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Previous Name/Maiden Name/Alias

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Current Address	City	State	Zip Code
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Please list the cities and states in which you have lived during the past seven years

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Social Security No.	Date of Birth
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Sex (check one): Male  Female

Race (check one): Asian  Black  Hispanic  White  Other

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Drivers License Number	State Issued	Name as it Appears on License
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In consideration of the opportunity to be considered for participation in experiential training in connection with the program of study at the College of Pharmacy, I hereby release the entities releasing information or reports about me, Drake University, ADP Screening and Selection Services and their employees and agents from any and all liability (including liability arising from said released parties' own negligence) arising out of the requests for or release of any of the above mentioned information or reports.

I understand that a photocopy or facsimile copy of this release will be accepted with the same authority as the original; and that this release will remain in effect throughout my enrollment in the Drake College of Pharmacy.

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Date	Signature
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