

**St. Luke's University Health Network**

**DISCLOSURE OF INTENT TO OBTAIN A CONSUMER REPORT  
(Non-Investigative Report)  
Important, Please Read and Sign**

In compliance with the Fair Credit Reporting Act (the "Act"), we hereby notify you that by virtue of your role as an employee, contractor, observer, intern, volunteer or other authorized individual (collectively "status") with St. Luke's University Health Network, its subsidiaries or affiliates (collectively "St. Luke's"), you are considered a member of St. Luke's "workforce", and for this purpose, St. Luke's University Health Network and its affiliated entities (collectively hereafter, "St. Luke's") may request a consumer report in connection with your application for employment, promotion, reassignment or retention of employment or for any other status as authorized by St. Luke's. This report from a consumer reporting agency may include information bearing on your character, general reputation, criminal background history, personal characteristics or mode of living.

**NOTICE AND AUTHORIZATION**

In connection with my application for employment or other authorized status, promotion, reassignment or retention, I hereby authorize St. Luke's and/or its agents to procure a consumer report concerning my suitability and qualification for employment or other authorized status. I understand that these reports may include, but are not limited to, credit reports, social security trace, criminal records checks, civil records, any court records, driving records, including citations and insurance records, and/or summaries of educational and employment records and histories, including GPA and salary. I understand St. Luke's may utilize the services of an outside agency to obtain a consumer report with the above information and I authorize St. Luke's to do so. I request and authorize the appropriate individuals, companies, institutions, or agencies to release such information to a consumer reporting agency and to St. Luke's.

I hereby acknowledge that I have been a resident of the Commonwealth of Pennsylvania for the past ten (10) consecutive years. \_\_\_\_\_ YES \_\_\_\_\_ NO

Please list all states in which you have **LIVED and/or WORKED** in the past ten (10) years.

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**I fully understand the above and have received a copy  
of this Disclosure, Notice and Authorization**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Full Legal Name: \_\_\_\_\_  
First Middle Last