



The Risk Consulting Company
Kroll Background America, Inc.

NOTICE, AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I, the undersigned consumer, do hereby authorize the NATIONAL ASSOCIATION OF BOARDS OF PHARMACY® (NABP®) by and through its independent contractor, KROLL BACKGROUND AMERICA, INC (KBA), to procure a consumer report and/or investigative consumer report on me. I understand that this authorization and release shall be valid for subsequent consumer and/or investigative consumer reports during my employment, contractual relationship, or other affiliation with _____ (Organization), the business that has applied for or that is seeking to renew its Verified-Accredited Wholesale Distributors® (VAWD®) accreditation, which is granted by NABP.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, and personal characteristics, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and any other public record.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to NABP by and through KBA, including, but not limited to any and all courts, public agencies, law enforcement agencies, and credit bureaus, regardless of whether such person, business entity, or governmental agency compiled the information itself or received it from other sources.

I hereby authorize NABP to disclose the contents of the consumer report and/or investigative consumer report to the following third parties: 1) the regulatory entity(s) that issues the wholesale distributor or similar license to the Organization, and 2) the Organization if NABP seeks to deny VAWD accreditation or renewal of VAWD accreditation to the Organization based upon the results of the consumer report and/or investigative consumer report.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to KBA, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. §1681et. seq. Further, I certify that the information contained on this Notice/Authorization/Release form is true and correct. I further understand that information about KBA's privacy practices is available at www.krollbackgroundscreening.com/legal/privacy.

Signature: _____

Date: _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Printed Name: _____
First Middle Last

Other Names Used (alias, maiden, nickname): _____

Years Other Names Used: _____

Current Address: _____
Street /P. O. Box City State Zip Code County Dates

Former Address: _____
Street /P. O. Box City State Zip Code County Dates

Social Security Number: _____ Daytime Telephone Number: _____

Driver's License Number: _____ State of Issuance: _____ *Date of Birth: _____ *Gender: _____

* This information will enable us to properly identify you in the event we find adverse information during the course of our background search.



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Place of Birth: _____
City State Nation/Country

If you are a California, Minnesota, or Oklahoma resident, would you like a copy of your background investigation report?

Yes No

If you are a resident of any other state and would like a copy of your background investigation report once it has been completed, please contact Kroll Background America at 1-800-697-7189, ext 280.

For Designated Representatives Only

Current Employer

Name of Wholesale Distributor with Whom You Are Affiliated: _____

Employer Address: _____

Employer Phone Number: _____

Title of Position with Wholesale Distributor: _____

Number of Years with Wholesale Distributor: _____

Previous Employer

Employer Name: _____

Employer Address: _____

Employer Phone Number: _____

Title of Previous Position: _____

Number of Years with Employer: _____