



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.

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: \_\_\_\_\_