RELEASE AND AUTHORIZATION
(for DMV checks if not previously obtained)

I _____ (*print full name*) in connection with my request that the College of Charleston designate me as an "Authorized Driver" pursuant to its Policy **VEHICLE USE POLICY FOR CONDUCTING THE OFFICIAL BUSINESS OF THE COLLEGE OF CHARLESTON,** hereby authorize the College of Charleston ("COLLEGE") and Screening One, Inc. to perform a driving background screening check (including future screenings for retention, reassignment or promotion, if applicable, and unless revoked by me in writing) with the Department of Motor Vehicles in South Carolina and in the following additional jurisdictions:_____.

I understand and agree to the following:

1. A background check is not only for the benefit of COLLEGE as a sound business practice, but also for the benefit of all employees. It is no reflection on an applicant. I have read, understand and signed the separate Disclosure concerning my rights.

2. All reports are confidential, and provided to COLLEGE for decisions under the Policy only. This information will be obtained in strict compliance with the Fair Credit Reporting Act, the Americans with Disabilities Act (ADA), anti-discrimination and privacy laws and all other applicable federal and state laws.

3. I may review or obtain a copy of my report as provided by law. Screening One may be contacted by writing to: Screening One, Inc., 2233 W. 190th Street, Torrance, CA 90504.

4. I authorize and release municipal, county, state and federal agencies and courts, and agencies that provide motor vehicle records, and to former employers, co-workers or references regarding my driving, to provide all information that is requested to COLLEGE or Screening One.

5. I further release all of the above, including COLLEGE and Screening One, to the full extent permitted by law, from any liability or claims arising from retrieving and reporting information concerning me.

6. I agree that a copy or fax of this document shall be as valid as the original.

Your signature _____ Date _____

COURTS AND OTHER ENTITIES REQUIRE THE FOLLOWING INFORMATION FOR IDENTIFICATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND IS USED FOR IDENTIFICATION ONLY. YEAR OF BIRTH ENSURES ACCURACY AND AVOIDS DELAY.

Last Name   First Name   Middle Name   Driver's License Number/State/Expiration date

DOB[1]: ____/_____/

_____   _____
                Former Names   Date of Name Change

_____   _____
                Former Names   Date of Name Change

_____   _____
                Former Names   Date of Name Change

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[1]   Date of birth month and day is mandatory, year is optional.

DISCLOSURE

For the benefit of the College of Charleston (the "College"), its employees, and the public the College has a policy of performing a motor vehicle background screening on those applying to be Authorized Drivers under the College's Policy: **VEHICLE USE POLICY FOR CONDUCTING THE OFFICIAL BUSINESS OF THE COLLEGE OF CHARLESTON**. This Policy is a business practice that protects everyone by helping to promote safety. All inquiries are limited to information that affects job performance as an Authorized Driver for the College. It is conducted in accordance with applicable federal and state laws by ScreeningOne, Inc., an outside agency.

1. The report consists of information deemed to have a bearing on job performance, and may include information from public agencies and public records. The scope of the report may include information concerning driving record, and related civil and criminal court records, credentials, identity, past addresses, social security number and previous employment as a driver.

2. The report may also include reference checks from former employers, co-workers or references pertaining to your past employment as a driver. Any past employment reference check is limited to job related information. These are known as an "investigative consumer report." This type of report is legally defined as a report based upon interviews that may contain information relating to my character, general reputation, personal characteristics or mode of living. You have the right to request additional disclosures of the nature and scope of the investigation and a statement of your rights. To receive this information or to inspect any files concerning such a report or to determine if a report on you has been requested, you may contact College (843-953-5512) at 160 Calhoun Street, Charleston South Carolina 29424, or Screening One, Inc. (888-327-6511) at 2233 W. 190th Street, Torrance, CA 90504.

3. In using a report for employment purposes, before taking any adverse action based in whole or in part on the report, the person intending to take such adverse action shall provide to the consumer to whom the report relates a copy of the report and a description in writing of the rights of the consumer under the title, as prescribed by the Federal Trade Commission section 609(c)(3).

4. California Provisions: In California, any report concerning a consumer's character, general reputation, personal characteristics or mode of living is defined as an Investigative Consumer Report. In addition to your rights under federal law, you have the following additional rights: You have the right to inspect ScreeningOne's files during normal business hours and on reasonable notice; the inspection may be in person, by certified mail, or by telephone if the individuals shows proper identification and pays for any copying charges; the applicant may be accompanied by one other person who must show proper identification; and trained ScreeningOne personnel will explain any of the information in the report and will provide written explanation for any coded information.

5. CALIFORNIA, MINNESOTA, AND OKLAHOMA APPLICANTS ONLY:

I request a free copy of any Consumer Report, Investigative Report or Credit Report on me that is requested.

YES _____   NO _____

I, _____, hereby consent and authorize College and/or ScreeningOne, Inc. on the employer's behalf, to prepare each report as defined above for employment purposes as an Authorized Driver at any time while I am employed in this capacity

DATE _____

SIGNATURE _____

PRINT NAME _____