



**ROBERT WOOD JOHNSON
MEDICAL SCHOOL**

University of Medicine & Dentistry of New Jersey

PISCATAWAY / NEW BRUNSWICK:

Office of the Registrar
675 Hoes Lane, Room TC-111
Piscataway, NJ 08854-5635
Phone: (732) 235 – 4565
Fax: (732) 235 – 5078

CAMDEN:

Office of the Registrar
401 Haddon Avenue, Suite 154
Camden, NJ 08103-1506
Phone: (856) 757 – 7859
Fax: (856) 968 – 6205

CRIMINAL BACKGROUND CHECK FORM (if necessary)

Student Authorization for Criminal Background Check

(ACCOUNT #65)

In order to complete your educational program at Robert Wood Johnson Medical School/UMDNJ, the performance of a completed criminal background check is required. The Medical School engages the services of a consumer reporting agency to conduct this background check. Authorization to conduct this background check and results deemed favorable by Robert Wood Johnson Medical School/UMDNJ and/or clinical facilities are conditions for admission and continued enrollment. Please complete the following authorization:

I hereby authorize Robert Wood Johnson Medical School/UMDNJ to obtain consumer reports (criminal background check) in order to satisfy the requirements of my educational program. I will be informed if my offer of admission is denied or rescinded or if my enrollment is terminated because of information obtained from the consumer report agency; in that event, upon my written request, the consumer reporting agency will provide me with a copy of the report and a "Summary of Your Rights Under the Fair Credit Reporting Act. (FCRA 15 U.S.C. 1681 et seq.)"

By providing this authorization, I hereby release Robert Wood Johnson Medical School/UMDNJ, its affiliated entities, employees and agents from all liability for requesting and/or acting based on such reports.

NAME (please print): _____
(First Name) (M.I.) (Last Name)

SS#: _____

Other name(s) used (please print): _____

Date of birth: _____

Current address and former addresses for past ten years. (include address, town, state and zip code): (please print) – Use additional sheets if necessary

Current Address: _____

Previous Address: _____

Previous Address: _____

Signature: _____ Date: _____

**Report Requested: Database Search, Criminal Searches at all addresses and Federal Criminal Search
Report Results Mailed to:**

Piscataway: RWJMS, Office of the Registrar, 675 Hoes Lane, Rm TC-111, Piscataway, NJ 08854
Camden: RWJMS, Office of the Registrar, 410 Haddon Lane, Suite 154, Camden, NJ 08103

RESULTS: