

The Medical College of Georgia Credit Check Consent Form

I, _____, grant the Medical College of Georgia by and through
(Print your name)
its independent contractor, ChoicePoint, permission to obtain a copy of my credit report. I
understand that further consideration of my employment for the _____
(Position Title)
position is contingent upon a successful review of my credit report.

Last Name (print)

_____-_____-_____
Social Security Number

First Name (print)

Street Address

City

State

Zip

SIGNATURE

DATE