

No Cover Sheet Needed - Please fax to 303-531-0869 (Confidential Line) Rev 6. 2008.Oct
It is not necessary to contact American DataBank to verify that your fax has been received.



Mercer County Community College Disclosure and Release Form

As part of the requirements for clinical participation through **Mercer County Community College**, I authorize an investigation of my personal information. The investigation might include, but is not limited to criminal history records (from state, federal and other agencies). I understand that these records may be used for the participation of clinical into the aforementioned school's medical or nursing program. I authorize without reservation the full release of these records and for American DataBank and/or its agents contacted by American DataBank to obtain information.

In addition, I release and discharge American DataBank, and all of its agents and associates, any expenses, losses, damages, liabilities, or any other charges or complaints for the investigative process. I also authorize the full release of the information described above, without any reservation, throughout any duration of my enrollment at **Mercer County Community College**. I also certify that all information provided is correct on the application to the best of my knowledge. Any false statements provided will be considered just cause for denial of acceptance.

Upon Request, American DataBank will supply a copy of my report and my rights under the Fair Credit Reporting Act. Requests may be directed to: American DataBank, 910 Sixteenth Street Suite 550, Denver, CO 80202 or by contacting us at 303-573-1130.

By signing below, the applicant agrees to pay American Databank for services rendered.

< Please Print >

Applicant's Name: _____
First M.I. Last

Signature: _____ **Date:** ____mm/____dd/____yy

Date of Birth: ____mm/____dd/____yy (this is used for only criminal and driving records retrieval.)

Social Security Number: _____ - _____ - _____

Driver's License Number: _____ **State:** _____

Current Address: _____ **Phone Number:** _____
Street Address

City State ZIP **Length of Residency:** ____yr

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American DataBank
910 Sixteenth Street Suite 550, Denver, CO 80202
Tel: 303-573-1130