



BACKGROUND CONSENT FORM

By completing this form I consent to Meridian Behavioral Healthcare, Inc. running a Level 2 Background Screening as required by Florida State Law. This screening is being done on behalf of _____ (Company Name).

ORI (Controlling Agency Identifier) _____

OCA (Originating Agency Case Number) _____

Last Name _____

First Name _____

Middle Name _____

Aliases (maiden name, other married names, nicknames) _____

Social Security Number _____

Date of Birth _____

State/Country of Birth _____

Citizenship _____

Residential Address _____

Phone number _____

Gender Female Male

Race American Indian/Alaska Native Black Oriental/Asian White

Eye Color Black Blue Brown Green Gray Hazel Maroon Multicolor

Hair Color Bald Black Blond/Strawberry Blue Brown Green Orange
 Gray/Partially Gray Pink Purple Red/Auburn Sandy White

Height _____

Weight _____

Signature of Applicant _____ Date _____

Signature of Authorized Company Representative _____ Date _____

By signing as the Authorized Company Representative, he/she hereby releases Meridian Behavioral Healthcare, Inc., on behalf of his/her Company, from any liability resulting from the fingerprinting process. He/she also authorizes Meridian to invoice the Company according to an agreed upon fee schedule. Any additional fees incurred due to re-screening will be billed to the Company accordingly.