Institution: Western School of Health & Business Careers [Pittsburgh]

Date: 07/05/2016

Contact: Student Records

Fax:

InfoMart® Contact: Sheila Mugo  (770) 984-2727 ext. 1366
Fax:  (770) 984-8997
Email: sheila.mugo@infomart-usa.com

Confidentiality Notice
This form contains confidential information and is intended for use by the named recipient only. Please notify InfoMart® if this form is received by anyone other than the party named above.
Education Verification
For Employment Purposes

Institution: Western School of Health & Business Careers [Pittsburgh] Date: 07/05/2016
Attention: Student Records
Address: Student Records

Phone: (412) 281-2600
Fax:

Contact: Sheila Mugo (770) 984-2727 ext. 1366  Account #: 101200447

This applicant states he/she graduated/attended your institution. Please complete the requested information and FAX BACK to InfoMart® at (770) 984-8997.

Applicant: SHARLENE M DEPETRO  SS No.: 205-46-2050  DOB: 07/22/1956
Maiden: (none given)  Attended: 1996 through 1996
Major: Medical Assisting  Degree: Diploma

Education Verification

Dates of Attendance: ___/___/______ through ___/___/______  Graduated: ☐Yes ☐No
Graduation Scheduled for: ___/___/______  Graduation Date: ___/___/______

Degree Earned: ☐Diploma ☐Certificate ☐BS ☐BA ☐AA ☐AS ☐MBA ☐Other ________________________

Major: ____________________________________  Minor: _____________________________________
GPA: ____________________________________  Honors: _______________________________________
Classification: _____________________________  Number of Hours: ________________________________

The results of the above search were conducted by:

____________________________________ ____________________________________ ___/___/______
Institution Representative (please print)  Position Title     Date

Comments:
☐ Can not release information due to the student's unpaid debt to the school.
☐ Can not locate a student by the name and social security number submitted above.
☐ Additional information is needed to locate this student's records. Information needed: _______________________
☐ I would like an InfoMart® representative to contact me regarding this student.

Fax to (770) 984-8997
InfoMart® • Phone (770) 984-2727 • 1582 Terrell Mill Road Marietta, GA 30067
Acknowledgement and Authorization for Background Check

I acknowledge receipt of the separate document entitled Disclosure regarding Background Investigation and A Summary of Your Rights Under the Fair Credit Reporting Act and certify that I have read and understand both of those documents.

I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by Randstad at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information services bureau, employer, or insurance company to furnish any and all background information requested by Infotраст, 1382 Terrell Mill Road, Marietta, GA 30067, 800-386-3774, www.infotраст.com and/or Randstad itself. I further authorize that this information may also be shared with other companies where Randstad may attempt to place me. I agree that a facsimile (fax), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to receive and inspect a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 22-A of the New York State Law.

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only:

☐ Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicant only:

Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA’s file on you with proper identification, as follows:

• In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.

• A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the teller charge, if any, for the telephone call is prepared by or charged directly to you.

• By requesting a copy be sent to a specified address by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

“Proper identification” includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. If you cannot identify yourself with such information, the CRA may require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will arrange a written explanation of any coded information contained in files maintained on you. The written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. A CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person’s presence.

Please check the box if you would like to receive a copy of an Investigative consumer report or consumer credit report (at no charge) if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Signature ____________________________ Date 6-23-16

[Handwritten Signature]

Page 1 of 2
Background information

Last name: DePetro  First: Sharlene  Middle: Marie
Other names/alias: Sharlene Gresh (over 20 yrs ago)
Social security number: 2050  Date of birth: 07/22/1956
Gender: F  X  Female  Male
Drivers license number: D136-708-96-742-Q  State of driver's license: 97
Name (as printed on driver's license): Sharlene Marie DePetro
Present address: 285 Bradfield Driv Buda, TX 78610
City/State/Zip: Phone number: 814-504-8001

* This information will be used for background screening purposes only and will not be used as hiring criteria.