MERIDIAN BEHAVIORAL HEALTHCARE, INC.

4300 SW 13th St - Gainesville FL 32608 - (352) 374-5600

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.