

Consent to Background and Reference Check

Applicant Full Name: _____

Present Address: _____

Social Security Number: _____

I, _____ hereby authorize the Delaware Academy of Medicine, Inc. (the "Company") of Delaware, United States, and/or its agents to make investigation of my background, references, character, past employment, consumer and credit reports, education, and criminal history record information which may be in any state or local files, including those maintained by both public and private organizations, and all public records, for the purpose of confirming the information contained on my student loan application ("Application") and/or obtaining other information which may be material, to the Company, in its sole discretion, in evaluating my qualifications to receive educational financing. A PDF, telephone facsimile (fax) or xerographic copy of this consent shall be considered as valid as the original consent.

I hereby consent to the Company's verification of all the information I have provided on my Application. I also agree to execute as a condition of my Application any additional written authorization necessary for the Company to obtain access to and copies of records pertaining to this information. With regard to the foregoing disclosures, I hereby agree to release any person, company, or other entity from any and all causes of action that otherwise might arise from supplying the Company with information it may request pursuant to this release. I understand that any false answers or statements, or misrepresentations by omission, made by me on my Application or any related document, will be sufficient for rejection of my Application or for the immediate revocation of any educational financing offers that may have been offered by the Company should such falsifications or misrepresentations be discovered after I submitted my Application.

Applicant: _____ Date: _____