**Authorization and Consent to Release Confidential Information**

## Texas Christian University 2800 S. University Blvd.

**Fort Worth, Texas 76129**

**DEA registration number: PT0054596**

I, the undersigned, hereby authorized Texas Christian University to release all of the confidential information about me contained in that certain document entitled, Personnel With Access to Controlled Substances, executed by me on the same date as this Authorization to Release Confidential Information, for the sole purpose to conduct a background check on me, to which I also authorize and consent.

I understand that Texas Christian University may be provided information about me resulting from the authorized background check and may be obligated to take action in response to being apprised of this information.

**This authorization and consent will automatically expire one (1) year after the date of my signature as it appears below. I understand I have the right to refuse to sign this form, and that I may revoke my consent at any time (except to the extent that the information has already been released).**

In consideration of good and valuable consideration, the receipt of which is hereby acknowledged, I hereby release and forever discharge Texas Christian University, its trustees, agents, employees, successors, and assigns, from any and all claims, demands, damages, actions, causes of actions of any kind or nature whatsoever, in law or equity, arising out of or in any way relating to this Authorization to Release Confidential Information, the associated background check and resulting information, or any action taking in response to the resulting information, to the fullest extent permitted by applicable law.

Name:

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Signature:

Date:

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