

**PLEDGE**

I pledge to abide by the MUSC code of Conduct and the Rules and Regulations set forth for members of the Faculty as indicated in the institution's Faculty Handbook.

**AUTHORIZATION AND RELEASE**

I, \_\_\_\_\_, having filed an application for appointment to the Faculty of the Medical University of South Carolina (MUSC) hereby submit authorization and release to have an investigation made as to my qualifications for staff appointment. I agree to give any other requested information that may be required in reference to my past record. I understand and acknowledge that this investigation may be conducted in full or in part by Verge Solutions, Inc. and hereby authorize Verge Solutions, Inc or other agents of MUSC to receive and process information on behalf of MUSC.

I hereby authorize and request any individual, institution, organization, agency or entity, having control of any documents, records or other information pertaining to me, relevant to my professional qualifications, competency, character, mental or emotional stability, physical condition, ethics or any other matter that might directly or indirectly have an effect on my ability to perform as a faculty member, to furnish the originals or copies of such documents, records or other information to the MUSC or its authorized representatives, to inspect and/or make copies of such documents, records and other information. I hereby authorize all such persons as set out above to answer any inquiries or questions concerning the undersigned which may be submitted to them by the MUSC or its authorized representatives and to give full and complete information concerning the undersigned, including any information furnished by the undersigned.

I hereby release, discharge and exonerate the MUSC, its agents and representatives, the Faculty of MUSC, its agents and representatives and any person furnishing information, and Verge Solutions LLC., from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records and other such information, of the investigation made by the Medical University of South Carolina.

I hereby release and exonerate any individual, institution, organization, agency or entity which shall comply in good faith with the authorization and request made herein from any and all liability of every nature and kind growing out of or in any wise pertinent to the furnishing or inspection of such documents, records or other information or the investigation made by the MUSC. The undersigned further waives absolutely any privileges he/she may have relevant to his/her fitness to perform the responsibilities of a faculty member of the MUSC.

I have read the foregoing application for appointment to the Faculty and have answered all questions fully and frankly. The answers are complete and true to my own knowledge.

***A PHOTOCOPY OF THIS AUTHORIZATION SHALL HAVE THE SAME EFFECT AS THE ORIGINAL.***

\_\_\_\_\_  
(Applicant signature here) DATE

\_\_\_\_\_  
**Please Print Full Name**