



University of Maryland Shore Regional Health Medical Center Replacement
Pneumatic Tube System
Vendor Selection
RFP # 2800181-002

Firm Name:

Contact Person:

Address:

Telephone Number:

Taxpayer I.D. Number:

Date Submitted:

Proposal Due Date:

The undersigned duly authorized representative of Offeror certifies personally and on Offeror's behalf that all of the representations and certifications set forth above in the Certifications and in Offeror's Proposal are complete and accurate. The undersigned representative of Offeror is aware of the penalty under Maryland law for making false statements.

I, the undersigned, hereby authorize University of Maryland Medical System ("UMMS") to request information and records from any source relating to my educational, medical, insurance, financial, credit, employment, and legal history. I specifically authorize UMMS to obtain, among other such information and records, a consumer credit report about me, and to request information and obtain records regarding any legal proceedings or investigations relating to me, whether criminal, civil, or administrative.

I consent to the disclosure of any and all such information to UMMS or its authorized representative for UMMS's use in verifying information I have provided to UMMS and in evaluating my fitness, integrity, competence and experience to provide services to UMMS.

This authorization shall remain valid for a period of one year from the date indicated below or until the completion of my services to UMMS, whichever occurs later.

I know that I have the right to receive a copy of this authorization upon request and agree that a photographic copy of this authorization is as valid as the original.

WITNESS:

OFFEROR:

(Signature)

(Name typed)

(Title)

(Date)