# Welcome to Complio Screening

Complio is an online screening system selected by your school to hold background check details. Follow these step-by-step instructions to create an account and place your order.

**Step 1:** Create an account by going to http://www.LSCCompliance.com. Navigate to the Complio homepage by clicking on **Create an Account** to get started. Enter your personal information. Be extra careful entering your Email Address, as this is the system's main mode of communication with you.

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**Step 2:** Complio will send an email to the address used during account creation. Click on the **Activation Link** within the message or copy and paste the URL in your web browser.

### Step 3: <u>Place your Order</u> \*Please note: An Account is not the same as a placing an order.

Under Create Order screen > Select Program\*, select <u>Workforce Development</u> from dropdown > Select Program\*, select Load Packages

complio 希 <u>Home</u>		w
American Data	Bank	
Home » Order Create Order (Step 1)		
Please contact your institution if you an Identifying Information Institution Name: Select Program: *	Lake Superior College	Load Packages
	SELECT Allied Health and Nursing Workforce Development	Load Packages

**Step 4:** Workforce Development package loads > select <u>Criminal Background Check (\$65.00)</u> > select Next. Fill in additional personal information required.

complio 希 <u>Home</u>				Welcome
American Data	Bank			
Home » Order Create Order (Step 1)				
Please contact your institution if you a Identifying Information	re unsure what package(s) you need to	order.		
Institution Name:	Lake Superior College			
Select Program: *	Workforce Development	<b>•</b>		
			Load Packages	
Screening				
Criminal Background Check (\$65.00)			This package costs \$65.00 and additional fees may apply. View Package Details	
Estimated Order Total				
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#### **Electronic Signature**

**Step 5:** Please read the Disclosure and Authorization on the next screen, sign, and click **Accept & Proceed** to continue. The page will show your signature in the form after you have signed. Click **Next** to proceed.

Rev. 4.9



## **Disclosure and Authorization Form**

PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION

As part of the application process for enrollment and/or acceptance at **Your University** ("the School"), the School and/or its agents may obtain information about you from a consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include, but is not limited to information about your character, general reputation, personal characteristics and/or mode of living, employment history, work experience, work performance, criminal history records, sexual offender's lists, motor vehicle records, military records, educational verification, license verification, credit history, government exclusion lists, OIG, GSA, FBI finger printing, and drug testing or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. You also may request a written summary of Your Rights Under the Fair Credit Reporting Act, a copy of which is attached to this form. The scope of this notice and authorization is all-encompassing, however, allowing the School to obtain from any individual or entity all manner of consumer reports and investigative consumer reports now and throughout the course of your enrollment to the extent permitted by law.

I hereby authorize and give my written instructions for the obtaining of "consumer reports" and/or "investigative consumer reports", by the School and/or any health care facilities where I may be placed, at any time after receipt of this authorization and throughout my enrollment, if applicable. To this end, I hereby authorize, without reservation, any individual or entity to furnish any and all background information requested by *American DataBank*, *110 Sixteenth St.*, *8th Fl.*, *Denver*, *CO 80202*, *1-800-200-0853*, or another outside organization acting on behalf of the School and/or a health care facility where I may be placed. I also certify that all information provided on my application, including this form, is correct to the best of my knowledge. Any false statements provided will be considered just cause for denial of participation and/or acceptance.

Upon request, American DataBank will supply a copy of my report and my rights under the Fair Credit Reporting Act. Requests may



### I have read and agree to the above Disclosure & Authorization form(s)

### **Review and Confirmation**

**Step 6:** Carefully review the information you have provided. Once the order has been placed you <u>cannot</u> change any information. If you need to adjust the Package or your personal information, click on the buttons on the right-hand side of the screen. **If any information is incorrect you will be required to re-order at your own expense.** 

		Change Package Selection
		Edit Profile
Last Name:	Test	
Social Security Number:	111-11-1111	
Country:	UNITED STATES	
Zip:	80202	

Step 7: Confirmation and Receipt – Once you have confirmed that your information is correct, proceed to the next screen. You will see "Invoice to Institution" as the Payment Type. Click Next to Proceed. You will receive a receipt via email. Your school will be notified when your report is complete.

**Questions?** American DataBank is available to assist you Monday-Friday 7am-6pm MST. You can contact us by email <u>complio@americandatabank.com</u> or by calling 1-800-200-0853.