

AUTHORIZATION FOR RELEASE OF INFORMATION

Instructions: Type information on this form. Double check your information.

REQUESTING DEPARTMENTS WILL BE BILLED ALL ADDITIONAL CHARGES THAT OCCUR DUE TO MISINFORMATION GIVEN ON THIS FORM.

I, _____, an applicant for employment as _____, with the Board of Trustees of Southern Illinois University (hereinafter "University"), hereby authorize a review of and full disclosure of all and consent to the release of all information concerning my employment history, earning history, education, motor vehicle history and standing, criminal history, and all other information the University deems pertinent to the University or its duly authorized agent. I understand that any information obtained as a result of this release will be considered in determining my suitability for employment with the University. I further understand and agree that any offer of employment in this position or continued employment is contingent on the successful completion of any applicable post employment investigation. I understand that if the Board of Trustees of Southern Illinois University hires me, my consent will apply throughout my employment to the extent permitted by law. I hereby release the University and all of the persons and entities and providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

This document serves solely as a clear and conspicuous written disclosure as required by the Federal Fair Credit Reporting Act set forth in Section 604 (b) to the applicant that a social security, motor vehicle verification, education, previous employment, character, general reputation, personal characteristics, mode of living and a criminal background verification may be obtained for the purpose of this employment application. By the signature below, the Applicant acknowledges that Southern Illinois University has made this disclosure on behalf of itself and its agents. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment/training was denied based on information obtained by my prospective employer/training program and to receive a disclosure of the public record information and of the nature and scope of the investigative report.

I have read and understand this release and consent, and I authorize the background verification.

Signature _____ Date _____

Print Name _____
First Middle Last

Social Security Number* _____ Date of Birth _____

Driver's License Number _____ Telephone _____

Please provide me with a copy of my investigative consumer report (California and New York residents only)

Please list your current and previous address or address(es) for the past 7 years, beginning with your current residence. If additional space is needed, please list on reverse side.

Address _____
Street City County State Zip

Address _____
Street City County State Zip

Address _____
Street City County State Zip

Have you ever pled or been found guilty of a misdemeanor or a felony? Yes No If yes, explain below.

Note: A conviction record will not necessary be a bar to employment; factors such as age at the time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account in terms of the position applied for. Misrepresentation or omission of facts in your response to this question may be cause for rejection of your application or termination of employment.

Hiring Department Use Only

Type of position (check one)

- Fac A/P GA SW RTA RA UGA
 Volunteer CS-perm CS-extra help

AIS BP: _____

Account Title: _____

Department: _____

Fiscal Officer: _____

Human Resources Use Only

Type of check (check one)

- Comprehensive Sex Offender Registry
 Criminal

Approved for offer Yes No Date _____

HR rep. signature: _____

*Social Security number is requested on this form to minimize efforts and errors in reference to other records which require its use. Disclosure is strictly voluntary.