

BACKGROUND CHECK AUTHORIZATION RELEASE FORM

The following information will need to be submitted for the purpose of conducting a background check:

FULL NAME: _____

(Last)

(First)

(Middle)

(Maiden)

ANY OTHER NAMES USED

INCLUDING NICKNAMES: _____

SEX: (Circle one) Male Female

ETHNICITY: (Circle one) White Black Hispanic Asian or Pacific Islander
American Indian or Alaska Native

DATE OF BIRTH: ____/____/____ SOCIAL SECURITY NUMBER: _____

PERMANENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

This information shall be kept confidential and will not be used except in cases of a job offer. Results of the background check will be revealed to the hiring person only as "approved" or "not approved."

Completion of this information may be made now or you may release the information if and when you are extended a job offer.

I hereby release this information to Rogers State University, and authorize Rogers State University to conduct a background check

Signed

Date

Parent or Legal Guardian Signature

Date