

Disclosure and Authority to Release Information

I understand that in processing my application with Mississippi University for Women an investigative consumer report may be conducted. FCRA § 606. (a) (1) disclosure requirements. Any such background check report may contain information bearing on my character, general reputation, personal characteristics, mode of living and credit standing. Information may include, but is not limited to employment history, education, criminal records, credit history, motor vehicle records, personal references and any data provided on this application or during the interview process.

If currently employed: My current employer may be contacted, Yes No

I authorize the appropriate individuals, companies, institutions or agencies to release information and I release them from any liability as a result of such inquiries or disclosures. I further understand and waive my right of privacy in this investigation and release and hold harmless Mississippi University for Women and its agent, Truescreen, Inc. from any liability.

An investigative consumer report may be generated summarizing this information. I have a right under the “Fair Credit Reporting Act” and state law to obtain a copy of this report by providing proper identification and directing a written request to Truescreen, Inc., 251 Veterans Way, Warminster, PA 18974, (888) 276-8518.

If employed in CA, MN, or OK; I would like a copy of my report. Yes No

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if any statements and/or answers are found false or the information has been omitted, such false statements or omissions may be cause for rejection or termination of my employment or application.

Legal Last Name:		Legal First Name:		Legal Middle Name:	
Street Address:					
City:		State:		Zip Code:	
Email Address:					
Please list any additional addresses you have lived, worked and attended schools in during the past 7 years:					
City/State/Zip			City/State/Zip		
City/State/Zip			City/State/Zip		
Other Name(s) Used and Date(s) Changed:					
Driver's License Number:		State Issued:	Expiration Date:		Birth Date:
I AUTHORIZE A PHOTOCOPY OF THIS RELEASE TO BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL AND IF EMPLOYED BY THE ABOVE NAMED COMPANY, THIS RELEASE WILL REMAIN IN EFFECT THROUGHOUT SUCH EMPLOYMENT.					
Signature:		Social Security Number:		Date:	

(To be used for Background Information ID only)