

AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I, _____
LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr, Sr, II III, etc)

understand that in conjunction with my application for employment, work to be performed under contract, promotion, volunteer position, reassignment, and/or retention ("Work"), **University of Louisville** will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to **University of Louisville**. **University of Louisville** uses **Truescreen**, a consumer-reporting agency, as an agent to perform its Employment related background investigations. For this type of employment, State law requires a State and National criminal history background check as a condition of employment. With this authorization form, **University of Louisville** is requesting a state and national criminal history background check (House Bill 3, Section 19, KY GA 2006 session).

Truescreen will utilize various sources of information it deems appropriate including but not limited to: criminal conviction records, current and former employers, department of motor vehicle records, military records, credit reporting agencies, education records, professional and personal references and workers compensation records including any and all injuries in compliance with the Americans with Disabilities Act. I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to **University of Louisville**, and **Truescreen**.

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of Work from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by **University of Louisville** if Work is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to **University of Louisville**. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: **Truescreen, Inc. P.O. Box 541 Southampton, PA 18966**. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.

INFORMATION FOR PROCESSING OF BACKGROUND SCREEN REPORT ONLY (to be used for no other purposes)

Current Address: _____
STREET APT # CITY STATE ZIP CODE

DATE OF BIRTH SOCIAL SECURITY NUMBER EMPLID RACE/ETHNICITY * GENDER *

POSITION APPLIED FOR

EMAIL ADDRESS

Alias Names:

Please list other names used in the past 10 years:

LAST NAME FIRST MIDDLE SUFFIX

LAST NAME FIRST MIDDLE SUFFIX

LAST NAME FIRST MIDDLE SUFFIX

LAST NAME FIRST MIDDLE SUFFIX

LAST NAME FIRST MIDDLE SUFFIX

Education:

Please supply the following education information, if applicable:

COLLEGE/UNIVERSITY

CITY/STATE

DATES ATTENDED

DEGREE RECEIVED

MAJOR

NAME AT TIME OF RECEIPT

SIGNATURE

DATE

*Responses to these are completely voluntary. You need not respond to have your application considered. However, without this information, we may be unable, to distinguish you from another in the event we discover adverse information during our background investigation