SOUTHERN ILLINOIS UNIVERSITY **EDWARDSVILLE**

AUTHORIZATION FOR RELEASE OF INFORMATION

Criminal Background Check, Consumer/Credit Report, & FBI Fingerprinting

To be completed by the applicant:		
education, criminal history, credit history, and FBI SIUE. This includes the use of my Social Security employment application process. A Statement of agree, that if I provide an address outside of the Loutside of the country to agents acting on behalf acquired as a result of this release authorization of person(s) who may furnish such information conceptson(s) from any and all liability which may be it to provide information regarding any conviction/ar will not necessarily be a bar to employment; factor will be taken into account in terms of the position rejection of my application or termination of employation control of the position of my application or termination of employation of my does not contain an original writing of my Information".	, applicant for employment with Southern Illinois U hereby authorize a review of an hereby authorize a review of an I fingerprinting information concerning myself, including any concerning to the process my personally idention of SIUE. I understand that any information obtained by such bounded in the considered in determining my suitability for employment incurred as a result of collecting and considering such informating incurred as a result of collecting and considering such informating the records pertaining to me that have been sealed or expurious such as age at the time of the offense, seriousness and not applied for. Misrepresentation or omission of facts in responsion, and the process of the	and full disclosure of all employment, conviction, to any duly authorized agent of the administrative functions related to the able upon my request. I understand and fiable information may be transferred exackground investigation, which is not with SIUE. I also certify that any action; and I do hereby release said attion. I understand that I am not required enged. Furthermore, a conviction record atture of the violation, and rehabilitation are to any question will be cause for realid as an original thereof; even though
	and provide any information as requested:	
	Middle: Last:	
ADDRESS:	CITY, STATE, ZIP:	
TELEPHONE:	SOC SEC NO.:	
BANNER ID:	EMAIL ADDRESS:	
	TE DRIVER'S LICENSE NO.:	
If yes, identify, here or on an attachment	isdemeanor, felony or pleaded no contest? >>>>> t, all convictions by providing an explanation including of	
4. Have you ever been placed on court so If yes, explain indicating dates, city, and	supervision? >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	>>>>>>
5. Have you ever been employed at SIU. If yes, provide the following:	E or by another State of Illinois Agency or Universi	ty? >>>>
Employer:	Dates Employed:	
SIGNATURE: DATE: By my signature on this release of information, I acknowledge that Southern Illinois University Edwardsville did not inquire about any information regarding conviction/arrest records that have been sealed or expunged.		
If you are under the age of 18 please have your pa SIGNATURE:	DATE:	
To be completed by HR: Previous Investigation Completed: N/A EXPIRED ELIGIBLE DATE: HR Rep. Signature: Approved for Offer: YES or NO DATE:		