

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 finger SIUE. This includes the use of my Social Security Number employment application process. A Statement of Purpolagree, that if I provide an address outside of the United outside of the country to agents acting on behalf of SIUI acquired as a result of this release authorization will be person(s) who may furnish such information concerning person(s) from any and all liability which may be incurred to provide information regarding any conviction/arrest rewill not necessarily be a bar to employment; factors such will be taken into account in terms of the position applied rejection of my application or termination of employments aid copy does not contain an original writing of my signinformation."	hereby rprinting information concerning ber to conduct the required baces for collection of my Social States, that as part of the process. I understand that any inform considered in determining my gme shall not be held accounted as a result of collecting and ecords pertaining to me that has as age at the time of the offer of for. Misrepresentation or or at. A photocopy or facsimile of the nature. I have read and fully un	nt with Southern Illinois University Edwardsville y authorize a review of and full disclosure of all employment, ag myself, including any conviction, to any duly authorized agent of ackground check and other administrative functions related to the Security Number is available upon my request. I understand and cess my personally identifiable information may be transferred mation obtained by such background investigation, which is a suitability for employment with SIUE. I also certify that any able for giving this information; and I do hereby release said considering such information. I understand that I am not required any eben sealed or expunged. Furthermore, a conviction record ense, seriousness and nature of the violation, and rehabilitation nission of facts in response to any question will be cause for this release form will be valid as an original thereof; even though inderstand the contents of this "Authorization for Release of
You must answer the following questions and		
PRINT NAME First:		
ADDRESS:		
TELEPHONE:	_ SOC SEC NO.:	
BANNER ID:	EMAIL ADDRESS: _	
BIRTH DATE: STATE DI	RIVER'S LICENSE NO.:	STATE:
3. Have you ever been convicted of a misdem of yes, identify, here or on an attachment, all constate, and charge.		
4. Have you ever been placed on court super If yes, explain indicating dates, city, and charge		>>>>>>>>
5. Have you ever been employed at SIUE or k If yes, provide the following:		☐YES OR ☐ NO
Employer:	-	DATE.
SIGNATURE: By my signature on this release of information, I acknowle	edge that Southern Illinois Uni	DATE:iversity Edwardsville did not inquire about any information
regarding conviction/arrest records that have been sealed	d or expunged.	
If you are under the age of 18 please have your parent of SIGNATURE:	DAT	E:
To be completed by the hiring unit: Type of Position:		
To be completed by HR: Previous Investigati	in a Committee to To NI/A	☐ EXPIRED ☐ ELIGIBLE DATE:
THE COMPRESSION OF THE PROPERTY OF THE PROPERT	on Completed Commission	