

University of Louisiana at Lafayette
Background Check Authorization Form

Notice to all Applicants for Employment

Applicant Information *(Complete the following information as accurately as possible. Please Print or Type)*

Last Name		First Name		Middle Name	
Social Security Number	Date of Birth	Previous Names		Date Changed:	
Driver's License Number	State of Issue			Date Changed:	

Address History *(List up to past 7 years beginning with your current address. Include city, country, postal code and dates of residence.)*

Date From:	Date To:			
Street Address		City	State	Zip

Date From:	Date To:			
Street Address		City	State	Zip

Date From:	Date To:			
Street Address		City	State	Zip

As part of the employment screening process, I authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal agencies, military services and persons to release information they may have about me to the person or company with which this form has been filed, or their agent, Background Information Services, Inc. This releases the aforesaid parties from any liability and responsibility for collecting this information.

I specifically authorize a consumer credit report to be run and authorize the release of my motor vehicle driving records maintained by law enforcement agencies, city, state, county and federal courts, or any other state or local agency.

This releases the aforesaid parties from any liability and responsibility for collecting the above information. I understand that these files may contain negative information about my background, mode of living, character, and personal reputation. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested. I understand that personal information being collected is necessary to conduct an investigation of my background and that information will be used solely for this purpose.

I understand that an electronic signature to be valid as the original. Based on certain information repository requirements, I may be asked to provide an original signature to authorize the investigation of my background. I further acknowledge that a facsimile (FAX) or photographic copy of this release will be valid as the original.

Applicant Signature: _____
 Date: _____