AUTHORIZATION FOR RELEASE OF INFORMATION

Instructions: Type information on this form. Double check your information.

REQUESTING DEPARTMENTS WILL BE BILLED ALL ADDITIONAL CHARGES THAT OCCUR DUE TO MISINFORMATION GIVEN ON THIS FORM.

I, , an applicant for employment as	, with the Board
of Trustees of Southern Illinois University (hereinafter "University"), hereby authorize a review of and full disclosure of all and con	nsent to the release of all
information concerning my employment history, earning history, education, motor vehicle history and standing, criminal history, and	d all other information the
University deems pertinent to the University or its duly authorized agent. I understand that any information obtained as a res	ult of this release will be
considered in determining my suitability for employment with the University. I further understand and agree that any offer of employment	loyment in this position or
continued employment is contingent on the successful completion of any applicable post employment investigation. I understand that	at if the Board of Trustees
of Southern Illinois University hires me, my consent will apply throughout my employment to the extent permitted by law. I hereby r	elease the University and
all of the persons and entities and providing such information from any and all claims and damages connected with their r	elease of any requested
information. I agree that any copy of this document is as valid as the original.	

This document serves solely as a clear and conspicuous written disclosure as required by the Federal Fair Credit Reporting Act set forth in Section 604 (b) to the applicant that a social security, motor vehicle verification, education, previous employment, character, general reputation, personal characteristics, mode of living and a criminal background verification may be obtained for the purpose of this employment application. By the signature below, the Applicant acknowledges that Southern Illinois University has made this disclosure on behalf of itself and its agents. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment/training was denied based on information obtained by my prospective employer/training program and to receive a disclosure of the public record information and of the nature and scope of the investigative report.

I have read and understand this release and consent, and I authorize the background verification.

Signature	Date					
Print Name						
	First	Midd	le	Last		
Social Security Number*			Date of Birth			
Driver's License Number			Telephone			
Please provid	e me with a copy of my investigat	ive consumer report (Calif	ornia and New York resider	nts only)		
	urrent and previous address or ad s needed, please list on reverse s		ears, beginning with your cu	rrent residence. If		
Address						
	Street	City	County	State	Zip	
Address						
	Street	City	County	State	Zip	
Address						
	Street	City	County	State	Zip	
Note: A convictio nature of the viola		par to employment; factors en into account in terms o se for rejection of your app	such as age at the time of f f the position applied for. M	lisrepresentation or nployment.		
Fac A/P GA SW RTA RA UGA			Comprehensive Sex Offender Registry			
Volunteer	CS-perm CS-extra help		Criminal			
AIS BP:						
Account Title:			Approved for offer Yes No Date			
Department:			HR rep. signature:			
Fiscal Officer:						
*Social Security nu voluntary.	mber is requested on this form to min	nimize efforts and errors in r	eference to other records which	h require its use. Disc	closure is strict	