



Frostburg State University
Office of Human Resources
Frostburg, MD 21532
(301) 687-4105

AUTHORIZATION TO RELEASE INFORMATION

Last Name	First Name	Middle Name
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Current Address (Street address, City, State, Zip)	Dates Lived Here
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Addresses for the past five years:

Date of Birth	Other Names Used	Years Used
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Social Security #	Drivers License #	State
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I authorize my current and/or former employer(s) and its employees and representatives and any and all references listed on my employment application and/or resume to provide any pertinent information they think appropriate, including any information about my employment, job performance, and related matters to any division, department head, or designee of Frostburg State University. This information may be provided either verbally or in writing. I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization to be part of the written employment application. I release Frostburg State University and its agents, employees, and representatives from any and all liability, claims, and damages that may directly or indirectly result from the use, disclosure, or release of any information received by FSU from any third party pursuant to this authorization, whether such information is favorable or unfavorable to me.

Should I be extended an offer of employment, I authorize Frostburg State University to order a Consumer Report from a consumer reporting agency as part of Frostburg State University's investigation into my application for employment. I understand that this report may contain criminal or other information about me. I understand that, if hired, this authorization shall remain on file and shall serve as an ongoing authorization for Frostburg State University to procure consumer reports at any time during my employment period for verifiable business reasons and to the extent permitted by law. I release Frostburg State University and its agents, employees, and representatives from liability on account of such disclosures.

Information appearing on this Authorization will be used for identification purposes only. The intention of this Authorization is to provide information that will be considered in determining my suitability for employment. Frostburg State University complies with the Fair Credit Reporting Act (available from the Office of Human Resources), which provides consumers with rights regarding consumer reports and which places specific obligations on employers using credit reports.

I acknowledge that I have read this authorization and release, fully understand it, and fully and voluntarily agree to its provisions.

Applicant's Signature

Date