COLUMBUS STATE UNIVERSITY HUMAN RESOURCES OFFICE AUTHORIZATION TO RELEASE INFORMATION

PROFESSIONAL/ADMINISTRATIVE, STAFF AND STUDENT POSITIONS

I hereby authorize any officer or other authorized representative of the University Police Department bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment and educational records (including, but not limited to: academic, achievement, attendance, athletic, personal history, and disciplinary records); and credit records. Further authorization is extended to all Police Department, Sheriff's Department, Juvenile Courts and Clerks of Courts, to furnish the bearer with information, reprints, photographs and any other record containing information relating to criminal history or activity.

I hereby direct you to release such information upon request of bearer. I hereby release you, as the custodian of such records, and any employer, school, college, university, or other educational institution, credit bureau of consumer reporting agency, including its officers, employees, or related personnel (both individually and collectively) from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

I further authorize the acceptance of a copy of this original to be used as authorized to release any and all information in lieu of the original which remains on file with investigating agency. Should there by any question as the validity of this release, you may contact me as indicated below.

Please Check the Appropriate Box:	
☐ Pre-Employment ☐ Criminal Background Check	☐ CSU Purchase Card ☐ Credit Check
Print - Full Name: Signature - Full Name: Date of Birth: Social Security Number: Parent or Guardian (If Required): Current Address:	
Position Applied For: Division/Department:	
Human Resources Witness: Date:	

COLUMBUS STATE UNIVERSITY HUMAN RESOURCES OFFICE BACKGROUND INVESTIGATION QUESTIONNAIRE

I understand that this form will be kept separately from my employment application and that the information regarding my date of birth, place of birth, and listed physical characteristics will not be available to the hiring supervisor and that this information cannot be used as a basis for an employment decision. I further understand that any employment decision will be made based on my qualifications, employment record and police record as related to the requirements of the position for which I am being considered.

Name:				
Last	First	Middle		
Other names used: (Maiden na nickname, etc. Specify which	ame, names by former marriages, and show dates used).	, former names changed le	gally or otherwise; Aliases,	
Driver's License Number:		State:		
		Phone:		
Address:				
City:	State:	Zip Code:		
Date of Birth:	Place of Birth:	Gender:	Race:	
Height: Weight:	Place of Birth: Eye Color:	Hair Co	olor:	
before your seventeenth birthimposed. All other conviction A criminal conviction will not the offense, the time since it criminal conviction on this quan offer of employment. Yes No	or municipal law, regulation or day. Do not include minor traff is must be included even if they was necessarily preclude an offer of its occurrence and other factors nestionnaire will be considered for date, location and agency involved.	ic violations for which a swere pardoned). Semployment. The position will be considered. How alsification of application	fine of \$100.00 or less was on applied for, the nature of vever, failure to disclose a	
pertaining to me which may b	State University Police Departmee in the files of any local, state, Columbus State University from kground information.	or federal agency, now ar	nd at any future date during	
I,true and correct this	, certify that the i	nformation furnished by r	ne in the foregoing form is	
Print Full Name		Signature of Full Name		