

**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 be any question as to the validity of this release, you may contact me as indicated below.

Please Check the Appropriate Box:

- | | |
|--|--|
| <input type="checkbox"/> Pre-Employment | <input type="checkbox"/> CSU Purchase Card |
| <input type="checkbox"/> Criminal Background Check | <input type="checkbox"/> 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: _____

