

**RELEASE AUTHORIZATION AND
FAIR CREDIT REPORTING ACT DISCLOSURE
[FOR EMPLOYMENT PURPOSES]**

Job Title: _____

Account Number: _____

The applicant for employment acknowledges that Austin Peay State University may now, or at any time while employed, verify information within the application, resume or contract for employment. In the event that information from the report is utilized in whole or in part in making an *adverse decision*, before making the adverse decision, we will provide to you a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.*

Please be advised that we may also obtain an *investigative consumer report* including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the investigation requested.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.*, is available at the Federal Trade Commission's web site (<http://www.ftc.gov>).

By signing below, I hereby authorize all entities having information about me, including present and former employers, personal references, criminal justice agencies, departments of motor vehicles, schools, licensing agencies, and credit reporting agencies, to release such information to the company or any of its affiliates or carriers. I acknowledge and agree that this Release and Authorization shall remain valid and in effect during the term of my contract.

Date: _____ Signature of Applicant: _____

**INFORMATION FOR PROCESSING OF BACKGROUND SCREEN REPORTS ONLY
(to be used for no other purposes)**

Full Name _____

Social Security #: _____ - _____ - _____

Date of Birth: ____/____/____

Current Residence Address: _____
(Number & Street) City State Zip

Driver's License Number _____ State Issued _____

PLEASE SUPPLY THE FOLLOWING SCHOOL INFORMATION (HIGHEST DEGREE EARNED): N/A

SCHOOL: _____ CITY/STATE: _____

DEGREE: _____ DEGREE STATUS: _____

DATES ATTENDED: _____
(Start Month / Year) (End Month / Year)