

California University of Pennsylvania

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you; sign and date it in ink; attach a copy of your Driver's License; and return to the Office of the Provost/Academic Affairs.

I authorize California University or any investigator, or other duly accredited representative of California University of Pennsylvania, conducting my background investigation, to obtain any information relating to my activities from individuals, schools, employers, criminal justice agencies, consumer reporting agencies or other sources of information.

This information may include, but is not limited to, my academic, residential, performance, attendance, employment history, and criminal history record information.

I authorize custodians of records and others sources of information pertaining to me to release such information upon request of California University, the investigator, or other duly accredited representative of California University of Pennsylvania. I understand that the information released by record custodians and sources of information is for official use by California University of Pennsylvania solely for employment purposes.

Signed copies of this authorization are as valid as the original release.

My signature below also confirms that I have received and reviewed *A Summary of Your Rights Under the Fair Credit Reporting Act*.

Print or Type Name: (Last) (First) (Middle)

Other Names Used Social Security Number

Current Address State Zip Code

List any other addresses you have lived in the past 7 years.
International candidates must list all past addresses, use additional blank paper, if needed.

Home Telephone Number (Include Area Code) Date of Birth

Signature in Ink Date Signed