

SHIPPENSBURG UNIVERSITY

INFORMATION RELEASE AUTHORIZATION Employee

PLEASE PRINT ALL INFORMATION CLEARLY AS REQUESTED

I, _____, hereby authorize any educational institution, any past or present employer (including any branch of the armed services), any local, state, or federal government agency (including any laws enforcement or security agencies) to release to Shippensburg University through its authorized representative(s) bearing this authorization, all information concerning me.

I voluntarily agree to this investigation of my background with the knowledge and understanding that whatever information is obtained is for the official use of Shippensburg University and will not be released to any other parties.

I further understand any information obtained during such investigation may only be used to determine my fitness, competence, and ability for the purpose of working at Shippensburg University.

I release Shippensburg University from any liability which may result from making this investigation. Furthermore, I hereby forever release anyone who has knowledge or information concerning my employment history and criminal history from any claims or demands from liability or damages for disclosure of true and accurate information provided by this investigation. This authorization shall supersede and countername any prior request or authorizations to the contrary.

I further authorize the use of photocopies of this authorization and agree to provide copies of search results if they are sent directly to me.

Name: Last _____ First _____ M.I. _____

Please print clearly

Home/Cell/Work Phone: _____ Email Address: _____

Current Address: _____

City/State/Zip Code: _____

*Department/Assignment: _____

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE: FOR UNIVERSITY USE ONLY

Date of Birth: _____ SS#: _____