

Background Check Authorization and Release

	Employ	yee [Student	Volunteer	Third-Party	
First Name:			_ Middle Name: _	Last	Last Name:	
Ot	her Names Used: _					
Date of Birth:			Birthplace:		Sex:	
Na	me of department (or program backgro	und check is bein	g completed for:		
Do	sidences Past 15 Y	ooro:				
Re	Sidelices Past 15 1	City, State			Dates	
Gity, Grate						
L						
Lis	st any time you wer	e arrested or charge	ed with any crimin	al violations or offens	es, excluding parking:	
L	Date Place		Charge		Result	
L						
					your reputation, morals, character of and you would like to explain, use a	
se	parate sheet of pape	r.				
1.	I hereby authorize Idaho State University (ISU) to check my background, and I authorize the sources of suc information to provide it to ISU. I hereby release such sources from any and all liability to any claim or damage I ma have resulting therefrom.					
2.	I hereby certify that the facts set forth above are true and correct to the best of my knowledge. I understand that if falsify statements, Idaho State University reserves the right to take appropriate action, including denial of employment or participation in an event.					
3.	This release is executed with full knowledge and understanding that the information is for the official use of Idaho State University. I hereby release Idaho State University, the State of Idaho, and the State Board of Education including its officers, employees and agents, 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.					
	Signature		Date	Phone #	Bengal ID # (if applicable)	

OGC Approved 02.28.2024 Page 1 of 1