Background Check Authorization and Release

☐ **Employee** ☐ **Student** ☐ **Volunteer**

Name in Full: _____

Other Names Used: _____

Date of Birth: _____ **Birthplace:** _____ **Sex:** _____

Drivers License #: _____ **Expiration Date:** _____ **State** _____

Name of department or program background check is being completed for: _____

Residences Past 15 Years:

City, State	Dates

List any time you were arrested or charged with any criminal violations or offenses, excluding parking:

Date	Place	Charge	Result

Are you aware of any information about yourself which may reflect unfavorably on your reputation, morals, character or ability as a representative of Idaho State University? _____ **Yes** _____ **No** If Yes, and you would like to explain, use a separate sheet of paper.

1. I hereby authorize Idaho State University (ISU) to check my background, and I authorize the sources of such information to provide it to ISU. I hereby release such sources from any and all liability to any claim or damage I may 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 I 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.
4. Should there be any questions as to the validity of this release, you may contact me at the number below.

_____ _____ _____ _____

Signature *Date* *Phone #* *Bengal ID #*

PLEASE EMAIL TO RISK MANAGEMENT: AUBRIE.NIELD@ISU.EDU