



**BACKGROUND SCREENING CONSENT FORM**

*Instructions: Mail or Fax this form to the address listed above.*

Under Arizona Board of Regents (ABOR) policy 6-709 and University of Arizona Policy 103.1, The University of Arizona conducts Pre-Employment Screening on all "finalists" for paid positions and on other individuals who perform security or safety-sensitive duties or responsibilities on behalf of the University or who are otherwise engaged by University departments and units that are required by policy to conduct fingerprint-based criminal records checks. Please carefully read the applicant release information below and indicate your consent for the University of Arizona to conduct a pre-employment check, to include obtaining information about criminal history.

**APPLICANT RELEASE**

I understand that The University of Arizona may utilize the services of a university approved vendor or the Arizona Department of Public Service (DPS) to conduct criminal records check as part of the procedure for processing my application for employment or approving my affiliation or unpaid assignment as applicable. I also understand if my application for employment or other affiliation is granted, The University of Arizona may obtain further information through subsequent investigation by a university approved vendor so as to update, renew or extend my employment, affiliation or assignment. In accordance with the Fair Credit Reporting Act, information obtained by an outside vendor may only be used to verify statement(s) made by an individual in conjunction with legitimate business needs. The report will be generated for employment purposes only and in compliance with the Fair Credit Reporting Act, the Driver's Protection Act, and any applicable state statute(s).

I understand an investigative report may be generated on me which may include obtaining information regarding, my character, work habits, performance and experience, along with reasons for termination of past employment, criminal history records in any or all federal, state, city and county jurisdictions, state Department of Motor Vehicle/Drivers' License Records to include traffic citations and registration, military records from the National Personnel Record Center, education records including transcripts, and requests for records and information from any individual, company, firm corporation, present and/or past employers and public agencies (including the Social Security Administration and the Immigration & Naturalization Service) subject to state and federal law.

I understand that I have the right to receive notice about the nature and scope of any investigative consumer report requested within five days after the University receives my request or five days after the investigative consumer report was requested, whichever is later. I also understand that before I am denied employment or any other affiliated relationship with the University based, in whole or part, on information obtained in the investigative consumer report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act. I understand if I disagree with the accuracy of any information in the report, I must notify The University of Arizona within five business days of my receipt of the report. If I notify The University of Arizona within five business days of the receipt of the report that I am challenging information in the report, The University of Arizona will not make a final decision on my employment status until after I have had a reasonable opportunity to address the information contained in the report.

My signature below indicates that I hereby consent to this pre-employment check and authorize, without reservation, any one contacted by The University of Arizona and/or their vendor to furnish the information as stated above. If required, I declare and affirm that fingerprints submitted are my own and that the information I entered on the fingerprint cards (if applicable) is true, complete, and accurate. I do authorize The University of Arizona to obtain and review criminal records and dispositions as part of their background investigation of my suitability for employment. In order to verify my identity for purposes of the background investigation, I am voluntarily releasing my date of birth for my own benefit and fully understand that age is not a consideration of employment. In addition, I agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(First Name, Middle Name, Last Name) (Month, Day, Year)