

# EAST TEXAS BAPTIST UNIVERSITY

General Release Form

## Applicant Authorization and Consent for Release of Information

PLEASE READ CAREFULLY

This Authorization and Consent for Release acknowledges that **East Texas Baptist University** may now conduct a verification and/or screening of my Name, Date of Birth, Social Security Number, Current and Former Address (es), Previous Employment, Education, References, Tenancy, and any Criminal History Record information pertaining to me that may be in the files of any Federal, State, or Local Criminal Justice agency in any State, Territory, Possession, or Jurisdictional Area of the United States of America, or other Nations, or Countries. I acknowledge by my signature below that employment with **East Texas Baptist University** is contingent upon satisfactory background verification.

I have read and understand this release and consent, and I authorize the background screening. I authorize persons, current and former employers, and other organizations and agencies to provide all information that may be requested by the screening company. I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is valid as the original.

I do hereby agree to forever release and discharge **East Texas Baptist University**, their agents and their associates, to the full extent permitted by law from any claims, damages, losses, liabilities, cost and expenses, or any charge or complaint filed with any agency arising from the retrieving and reporting of this information. According to the Federal Fair Credit Reporting Act, I am entitled to know if my employment application was denied based on information obtained by prospective employer, and to receive upon written request, a disclosure of the public record information and of the nature and scope of the background screening report.

Applicant's Full Name (print): \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License State: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date