



AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION FORM

Section 1: Applicant Information: Fill out the following information completely and accurately. Please print or type.

(First Name)	(Middle Name)	(Last Name)
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List all other names you have ever used (Maiden, Adoption, etc.)

(Address)	(City)	(State)	(Zip Code)	(County)
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If you haven't lived at your current address for the past 7 years, list the other addresses you've lived at during the past 7 years.

(Address)	(City)	(State)	(Zip Code)	(County)
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(Address)	(City)	(State)	(Zip Code)	(County)
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(Address)	(City)	(State)	(Zip Code)	(County)
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(Address)	(City)	(State)	(Zip Code)	(County)
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Section 2: Positive Identification Information: The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

(Social Security #)	(Date of Birth)	(Driver's License # and State)
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If you've held a Driver's License in another state please list.

(Driver's License # and State)	(Driver's License # and State)
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(Highest Education Level Earned - e.g., H.S. Diploma, Associates, BA, BS, Masters, J.D., etc.)	(Major)
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(Name of Educational Institution)	(City)	(State)
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(Name on Diploma/Degree)	(Graduation Date – Month/Year)
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- After carefully reading this Authorization and Consent for Release of Information form, I authorize Southern Methodist University (SMU) to request information about me from a consumer reporting agency in connection with my employment application and for employment purposes. I authorize information to be obtained in the form of consumer reports and/or investigative consumer reports. I also authorize that reports may be obtained after receipt of my authorization and, if I am hired, at any time during my employment with SMU.
- I authorize the following entities to disclose to the consumer reporting agency and its agents public record information on me including, but not limited to: my past or present employers; educational institutions including high schools, colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; motor vehicle records agencies; and all other private and public sector repositories of information; and any other person, organization or agency with any information about or concerning me.
- I authorize for the following information to be disclosed to the consumer reporting agency and its agents including, but not limited to: information concerning my employment history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and all other information requested by the consumer reporting agency.
- I do hereby agree to forever release and discharge SMU, its employees, SMU's designated vendor, and its associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from retrieving, releasing and/or reporting information about me.
- I authorize SMU's designated vendor and any of its agents to disclose orally and in writing the results of the consumer reports and/or investigative consumer reports to designated SMU authorized representatives. I understand that all results will be proprietary and will be kept CONFIDENTIAL. Additionally, I understand that SMU will only retain a record that pre-employment checks were conducted.
- I understand that the results of the consumer reports and/or investigative consumer reports will be used to determine eligibility for hire under SMU's policies. I understand that if SMU decides that I am ineligible for hire based in whole or part on the information obtained from the consumer reports, I will be notified in writing and will also receive a copy of the report(s).
- I certify that the information I have provided on this form is true and correct to the best of my knowledge. I understand that if I am hired, any false statements may be considered cause for termination.
- I agree that a fax or photocopy of this authorization with my signature can be accepted with the same authority as the original.

Applicant's Signature

Date