

# Authorization and Consent for Release of Information

**Employee Type: Please check one**

**Student**    
  **Faculty**    
  **Adjunct**    
  **Perm Staff**    
  **Temp Employee**    
  **Volunteer**    
  **Independent Contractor**    
  **Other**

This Authorization and Release gives your permission to UNCA Human Resources to conduct a background investigation on behalf of The University of North Carolina at Asheville (UNCA). The result of this process will be utilized by UNCA to determine eligibility for employment. All information will be proprietary and kept as confidential as practicable. The information obtained by UNCA will not be provided to any parties other than this company.

*I, the undersigned, do hereby certify that the information provided by me in my application for employment, resume, or in verbal discussions relating to my consideration for employment is true and complete to the best of my knowledge. I hereby authorize UNCA Human Resources to: (1) investigate the truthfulness of all my statements made on my application or resume, or verbal statements made by me in the interview process, (2) conduct any verification of my education, employment, personal, credit, and motor vehicle records, and to receive any criminal history reports, and (3) disclose verbally or in writing the results of any investigation with the authorized employees or agents of this company, involved in the hiring process.*

*Further, I authorize the procurement of any other information, which relates to my background, character, and personal reputation, which may be deemed relevant to my employment in accordance with state and federal laws.*

*I have read and understand this Authorization and Consent. The original or copy of this document serves as my valid authorization to any and all persons, educational institutions, past and/or current employers, organizations, credit agencies, law enforcement or criminal records agencies, and other agencies to release information about me to UNCA, or its designated agent, and hereby release and hold harmless all such persons, institutions, agencies, employers, and organizations providing such information from liability and any or all claims and damages connected with providing any requested information.*

*A criminal background check must be completed for each employee and volunteer prior to his or her direct participation with minors in a program or activity covered by the Programs and Activities Involving Minors on Campus Policy, and at least once every four years thereafter. Some programs involving minors may require annual criminal background checks for employees and volunteers, at the discretion of the Program Director and The Committee on Programs and Activities Involving Minors on Campus .*

*The University reserves the right to conduct relevant background checks of current employees when it has reasonable grounds to do so, e.g., no prior check was done, a workplace incident has occurred, upon self-disclosure of criminal activity or upon the University being informed of such activity, update of information due to designation as sensitive/critical position, or upon change of assignment.*

*I further agree to indemnify, discharge, and forever hold harmless UNCA, its directors, officers or employees from any and all damages, claims, losses, liabilities, costs, and expenses (including, but not limited to attorney's fees) incurred as a direct or indirect result of any lawsuit or administrative proceeding brought against UNCA, related directly or indirectly to the disclosure of any such information or to such investigation. I understand that my employment with UNCA is conditional upon an acceptable background investigation.*

**Authorized by:     Print Full Legal Name**

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	<b>Other Name (if applicable)</b>
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<b>Current Address (Physical Address, No P.O. Boxes)</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>County</b>
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<b>Previous Address if at current address less than 2 years (Physical Address, No P.O. Boxes)</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>County</b>
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<b>Social Security Number</b>	<b>Home Phone (include area code)</b>	<b>Work Phone (include area code)</b>
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<b>Driver's License #</b>	<b>State</b>	<b>Expiration Date</b>	<b>Date of Birth</b>	<b>Gender: Please check one Male     Female</b>
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<b>Department Name</b>	<b>Supervisor Name</b>
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<b>Legal Signature* (*Must be at least 18 years of age)</b>	<b>Date</b>
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<b>If under 18, signature of parent or legal guardian</b>	<b>Date</b>
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