

AUTHORIZATION FORM FOR CRIMINAL RECORDS REPORTS (for P-Card renewals)

Order Number _____

HR Use Only

In connection with my P-Card renewal, I understand that a background check which may contain public record information may be requested on me including criminal records. This process will be performed to ensure that my background is checked prior to the next renewal date of the individual P- Card. Further, I understand that information from various Federal, State, local and other agencies which contain my past activities will be requested.

Consumer (credit) reports will not be requested for P-Card renewals.

By signing below, I hereby authorize, without reservation, any party or agency contacted by this employer to furnish the above mentioned information. I further authorize ongoing procurement of the above mentioned reports at any time during my employment (or contract). I also agree that a fax or photocopy of this authorization with my signature can be accepted with the same authority as the original.

Print your name _____

Department _____

Current address _____

City _____ County _____ State _____ ZIP _____

Date first resided at this address (month & year) _____

Social Security Number _____

Driver's license state _____ License number _____

For Identification Purposes

Date of Birth: Month _____ Day _____ Year _____ Race _____ Gender: Male Female

Other former names _____

Signature _____ Date _____

Previous Addresses in Last 7 Years
Must Include County and Dates (Month & Year)

1. _____
Street Address, City, County, State, Zip From: To:

2. _____
Street Address, City, County, State, Zip From: To:

Use Reverse Side if Necessary