

Shepherd University

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION AND RECORDS

The undersigned, _____ (“The Candidate”), in conjunction with application for employment by Shepherd University, hereby authorizes Shepherd University or any of its officers, employees, or agents to conduct unlimited reference and background checks with persons that The Candidate has identified to the University as a reference and with such additional persons or entities as the University may choose in its sole discretion. The Candidate acknowledges that such reference checks may include multiple communications.

The Candidate acknowledges that the background checks may involve review of any information which would be lawful for the University to acquire and to consider as a part of its consideration of The Candidate for employment. This authorization shall expressly include, but is not limited to, authorization for release of education records of institutions of higher education and prior employment records (including any confidential information relating to job performance, attendance, reason for separation, if applicable, or matters of discipline or misconduct, whether alleged or documented), as well as the authorization to conduct a criminal records and/or credit background check of The Candidate.

By executing this form Authorization, The Candidate authorizes any person or legal entity which is a holder of personal information about The Candidate to release such personal information to the University, upon receipt of a true copy of this Authorization. The Candidate hereby waives any claim against the persons or entities that provide such information, provided only that such information is true or reasonably believed by the provider of the information to be true. Failure of The Candidate to be complete and accurate on this form may eliminate employment opportunities at Shepherd.

(Please print clearly)

Last Name:	Shepherd University Job Title:
First Name:	Street Address (Do not use PO Box. Show physical street address even if you do not receive mail at your home.):
Middle Name:	City, State, Zip Code:
Previous Last Names/ Maiden Name:	Social Security Number:
Other than traffic offenses, have you ever been convicted of a misdemeanor or felony crime?	Date of Birth:
Signature:	Date of form completion: