



Background Check Authorization and Release

Employee Student Volunteer Third-Party

First Name: Middle Name: Last Name:

Other Names Used:

Date of Birth: Birthplace: Sex:

Name of department or program background check is being completed for:

Residences Past 15 Years:

Table with 2 columns: City, State; Dates

List any time you were arrested or charged with any criminal violations or offenses, excluding parking:

Table with 4 columns: Date, Place, Charge, Result

Are you aware of any information about yourself which may reflect unfavorably on your reputation, morals, character or ability as a representative of Idaho State University? Yes No If Yes, and you would like to explain, use a separate sheet of paper.

- 1. I hereby authorize Idaho State University (ISU) to check my background...
2. I hereby certify that the facts set forth above are true and correct...
3. This release is executed with full knowledge and understanding that the information is for the official use of Idaho State University.

Signature Date Phone # Bengal ID # (if applicable)