

## CONSENT FOR A BACKGROUND INVESTIGATION

### To be completed by the office faculty/staff

View the Background Investigation policy:  
<http://policies.uga.edu/FA/nodes/view/1124>

Office name and location: \_\_\_\_\_

UGA title of position being checked:

VOLUNTEER

FULLY COUNTY OR GRANT FUNDED STAFF TITLE: \_\_\_\_\_

Sent by (CAES Faculty/Staff): April Edwards  
UGA staff contact name \_\_\_\_\_

UGA faculty/staff email address apriledwards@uga.edu Daytime phone 706-367-6344

### To be completed by the applicant

In connection with your application for employment (including contract for services) with The University of Georgia, you understand that consumer reports or investigative consumer reports may be requested about you including information about education verification, criminal record, and sexual offender status, and may involve public record or various federal, state, or local agencies. If your duties involve significant fiscal oversight, we will conduct a credit check.

You hereby authorize the obtaining of such consumer reports and investigative consumer reports at any time after execution of this authorization. By signing below, you hereby authorize without reservation, any party or agency contacted by this employer, or the consumer reporting agency acting on behalf of the employer, to furnish the above mentioned information. You also agree that a fax or photocopy of this authorization with your signature shall be accepted with the same authority as the original.

**For California, Minnesota, or Oklahoma applicants only**, if you would like to receive a copy of the consumer report, if one is obtained, please check this box.

**For California applicants only**, if public record information is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information unless you check this box waiving your right to obtain a copy of the report.

**ALL fields below are REQUIRED**

**Printed name of applicant/employee:**  
Exactly as it appears on current driver's license

First	M I	Last

Social Security Number \_\_\_\_\_ Date of birth \_\_\_\_\_ Gender F  M

Current address \_\_\_\_\_  
Street address City State Zip

Other names used \_\_\_\_\_  
Include maiden or any other name changes

**REQUIRED for all new hires and new volunteers:**

Driver's License State \_\_\_\_\_ DL # \_\_\_\_\_ Class \_\_\_\_\_  
*Provisional Driver's licenses or licenses with restrictions cannot be checked (in example: Class D in Georgia).*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send this page using **SendFiles.uga.edu** to **CAESOHR** (without uga.edu) with original signature and date within 6 months.