

**NATIONAL BACKGROUND INVESTIGATIONS, INC.**  
**P.O. Box 966, Stevensville, MD 21666**  
**Telephone No: 410-604-2430 / Facsimile No: 410-604-2496**

**APPLICANT RELEASE AND AUTHORIZATION FORM**

**Authorization to Obtain a Consumer Credit Report and  
Release of Information for Employment Purposes  
Criminal History Background Check**

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize Aurora University and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for the purpose of determining my eligibility for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, \_\_\_\_\_, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation or public agency may have. I understand that I must provide my date of birth to adequately complete said screening and understand that my date of birth will not affect any employment decisions. I hereby authorize and request any present or former employer, police department, to furnish Aurora University or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I understand that a photocopy of this Authorization and Release form will be valid as an original thereof, even though the photocopy does not contain an original signature or is transmitted via e-mail or facsimile..

I hereby release Aurora University and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively, from any and all claims, damages, losses, liability, costs, expenses or any other charge or complaint filed with any agency or court arising from this release or from the retrieval or reporting of the information that is the subject of this release. You may contact me as indicated below.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's right will be provided to me. I also understand that I may obtain a copy of the consumer report generated as a result of this Authorization by making a request in writing for a copy of that report.

I have read and understand the contents of this Authorization and Release, and I affirm that the information set forth on the attached form is true and accurate as indicated by my signatures below and on the attached form.

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

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorization to Obtain a Consumer Credit Report and  
Release of Information for Employment Purposes  
Please Print Clearly  
PLEASE PROVIDE MINIMUM 7 YEARS RESIDENTIAL HISTORY.**

1. Name: \_\_\_\_\_  
(First, Middle, Last)
2. Maiden/Alias/AKA/Other: \_\_\_\_\_  
\_\_\_\_\_
3. Social Sec. No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
4. Address information. Please provide the past 7 year's residential history
- Current Address: \_\_\_\_\_ City/State: \_\_\_\_\_  
Zip: \_\_\_\_\_ County: \_\_\_\_\_ Dates/From: \_\_\_\_\_ To: \_\_\_\_\_
- Previous Address: \_\_\_\_\_ City/State: \_\_\_\_\_  
Zip: \_\_\_\_\_ County: \_\_\_\_\_ Dates/From: \_\_\_\_\_ To: \_\_\_\_\_
- Previous Address: \_\_\_\_\_ City/State: \_\_\_\_\_  
Zip: \_\_\_\_\_ County: \_\_\_\_\_ Dates/From: \_\_\_\_\_ To: \_\_\_\_\_
- Please list additional addresses and dates of residence within the last 7 years on a separate sheet and attach it to this form
5. Driver's License Number: \_\_\_\_\_ State \_\_\_\_\_ Exp. \_\_\_\_\_  
Name on Driver's License \_\_\_\_\_
6. Have you ever been convicted of or pled guilty or "no contest" to a criminal charge?  
Yes \_\_\_\_\_ No \_\_\_\_\_
7. Are you currently awaiting trial, sentencing or disposition of a criminal charge?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered Yes to Numbers 6 or 7, provide the Case Numbers, Date of Action, Disposition, Place of Occurrence and Current Status Below:

\_\_\_\_\_

Please explain. If more space is needed, add supplemental sheets, please sign and date each.

\_\_\_\_\_

By signing below, you are certifying that the above information is true and correct.

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

If additional information is listed on a separate sheet, please sign and date those sheets as well.

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_

Please sign and date as witness on additional sheets that are provided with this release.