



AUTHORIZATION FOR RELEASE OF INFORMATION

Please print clearly all requested information.

First Name _____ Middle Name _____ Last Name _____

Date of Birth _____ Social Security Number _____

Address _____ Apartment # _____

City _____ State _____ Zip Code _____

Position Applying For _____

Telephone Number _____

I hereby authorize your company, Albany State University, or any agent of said company, to contact any of my previous employers or to contact schools, companies, credit bureaus, corporations, law enforcement agencies, persons, and educational institutions to supply any information concerning my background.

I hereby also give my permission for the release of all appropriate background information permissible by governing laws to the following HR Management Representatives:

- Director of Human Resources Management: Steve A. Grant**
- Human Resources Manager: Cassandra Alexander**
- Personnel Specialist III: Wynell Wilson**

I fully understand the terms of this release and that the information I have provided is accurate, true and correct.

Executed this _____ day of _____, 20_____, at
(Date) (Month) (Year)

(City) (State)

By: _____
(Signature)

Notary Public Signature Date

My Commission Expires: _____



GEORGIA BUREAU OF INVESTIGATION

Georgia Crime Information Center

CONSENT FORM

I hereby authorize Albany State University to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (PRINT)

Address

City State Zip Code

Sex Race Date of Birth Social Security Number

Signature Date

Special Employment Provisions (Check if Applicable)

- Employment with Mentally Disabled (Purpose Code 'M')
- Employment with Elder Care (Purpose Code 'N')
- Employment with Children (Purpose Code 'W')

One of the following must be checked:

- This authorization is valid for 90/180/____ (Circle One) days from date of signature.
- I, _____ give consent to the above named to perform periodic history background checks for the duration of my employment with this company.