



Orange County Community College

Background Check Release Authorization

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize Orange County Community College 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 employment. I understand 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, including all personnel files; education; references; credit history and reports; 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 acknowledge that my date of birth will not affect any hiring decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish Orange County Community College or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I hereby release Orange County Community College and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at anytime result to me, my heirs, family or associates because of compliance with this authorization and request to release. You may contact me as indicated below. I understand that a copy of this authorization may be given at any time, provided I do so in writing. I acknowledge that I have been given a copy of my rights under the Fair Credit Reporting Act.

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.

Signature _____

Date _____



Orange County Community College

Authorization to Obtain a Consumer Credit Report and Release of Information for Employment Purposes

Please Print Clearly

1. Name (Full) _____

2. Maiden Last Name _____

3. All Former Names Used (A) _____

(B) _____

4. Social Security Number _____ - _____ - _____

The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IL, IN, MI, OR, SC, TX, WI

5. Sex _____

6. Race _____

7. Date of Birth _____ - _____ - _____

8. Telephone Number _____

9. Current Street Address _____

10. City _____, State _____ Zip _____

11. Driver's License Number _____ State Issued _____

12. Name on Driver's License _____

13. Prior residence, past seven (7) years

1. _____

From _____ To _____

2. _____

From _____ To _____

3. _____

From _____ To _____

4 _____

From _____ To _____

14. Have you ever been convicted of or pled guilty or "no contest" to a criminal charge?

15. Yes _____ No _____

16. Are you currently awaiting trial, sentencing or disposition of a criminal charge?

17. Yes _____ No _____

18. Have you even been a defendant in a civil action for intentional tort(s)? (Intentional torts include, but are not limited to, battery, assault, false imprisonment, defamation, fraud, conversion)? Yes _____ No _____

If you answered Yes to Numbers 14, 16 or 18, 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.

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

Signature _____

Date _____