

420 South Broad Street Winston-Salem, NC 27101 800-937-5097

Permission to Obtain a Background Check

(This form authorizes the organization to obtain background information and must be completed by the applicant. The organization must keep this completed form on file for at least five years after requesting a background check.)

In the interest of safety and security I, the undersigned applicant (also known as "consumer"), authorize Carolina University through its independent contractor, to procure background information (also known as a "consumer report and/or investigative consumer report") about me, prior to, and at any time during, my service to the organization. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to Carolina University, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

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Print Name:				
First	Middle	Last		
Other Names Used (alias, maiden, nickna	ame):			
Current Address:				
Street /P. O. Box	City	State	Zip Code	County
Dates at Current Address:	/			
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Street /P. O. Box	City	State	Zip Code	County
Dates at Former Address:/				
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Social Security Number:				
Daytime Telephone Number:	Eı	mail:		
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Date of Rirth: Gender				