



Name _____
Last First Middle

Mailing Address _____
Number StreetName City State Zip

Phone _____

Date of Birth ____ / ____ / ____
MM DD YY

Social Security Number ____ - ____ - ____

Driver's License _____
Number State

E-mail Address _____

I understand that the information I am providing about age will be used solely for the purpose of obtaining criminal history records information. This form will be removed from the information packet and will be maintained in the HR department.

Signature _____

Date _____

FOR HR USE ONLY	Requestor Name _____	Campus/Dept _____	Date approved _____
	FP/BG _____	Email date _____	