



The University of Georgia

Human Resources

Consent for a Background Investigation

To be completed by the UGA department

View the Background Investigation policy:
<http://askuga.uga.edu/default.asp?id=1637&Lang=1&SID=>

UGA department _____

UGA title of position _____

UGA departmental contact name _____

Contact email address _____ Contact daytime phone _____

For individuals who are or will be issued a P-card, check ONE:

- This is a new employee who will be issued a P-card (Background and credit checks)
- This is a current employee who will be issued a P-card (Background and credit checks)
- This is a current employee whose P-card is being renewed (Background and credit checks)

To be completed by the applicant/employee

In connection with your application for employment (including contract for services) with The University of Georgia, you understand that consumer reports or investigative consumer reports may be requested about you including information about education verification, criminal record, and sexual offender status, and may involve public record or various federal, state, or local agencies. If your duties involve significant fiscal oversight, we will conduct a credit check.

You hereby authorize the obtaining of such consumer reports and investigative consumer reports at any time after execution of this authorization. By signing below, you hereby authorize without reservation, any party or agency contacted by this employer, or the consumer reporting agency acting on behalf of the employer, to furnish the above mentioned information. You also agree that a fax or photocopy of this authorization with your signature shall be accepted with the same authority as the original.

For California, Minnesota, or Oklahoma applicants only, if you would like to receive a copy of the consumer report, if one is obtained, please check this box.

For California applicants only, if public record information is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information unless you check this box waiving your right to obtain a copy of the report.

ALL fields below are REQUIRED

Printed name of applicant/employee:

First

MI

Last

Social Security Number _____ Date of birth _____

Current address _____

Street address

City

State

Zip

Other names used _____

Include maiden or any other name changes

Degree earned: _____ From _____
Institution City State

Degree earned: _____ From _____
Institution City State

Degree earned: _____ From _____
Institution City State

 _____  _____
Signature Date

Please return this form to:

The University of Georgia
Assoc. Vice President for Human Resources
Fax # 706-542-3284