



**UNIVERSITY OF UTAH CONSENT FORM
 RELEASE OF INFORMATION FOR A CRIMINAL BACKGROUND CHECK**

I understand that the University of Utah will use the services of a consumer reporting agency and will perform a criminal history background check as part of the procedure for processing my application for employment or promotion.

I understand that the Consumer Reporting Agency will conduct an investigation that verifies my social security number and includes obtaining information regarding past employment and criminal background. The Consumer Reporting Agency will track my counties of residence to search for criminal records.

I also understand that before I am denied employment based on information obtained in the report, I will receive a copy of the report and a written description of my rights under the Fair Credit Reporting Act.

I understand if I disagree with the accuracy of any information in the report, I must notify the Human Resources designee within three (3) business days of receipt of the report. If I notify the designee within this time, I will have a reasonable opportunity to address the information contained in the report.

I understand that the information contained in the criminal history background check will be available to those persons involved in making employment decisions or performing the background investigation, and that this information will be used for the purpose of making an employment or promotion decision.

I hereby consent to the Criminal History Background Check as described above, and authorize the University of Utah to procure reports concerning my background as stated above.

Privacy Act Notice: The University, in its capacity as a health care provider to children or vulnerable adults, and to others in certain health care facilities, is authorized to perform a criminal background check on employees and applicants, under the Utah Criminal Investigations and Technical Services Act and the Health Care Facility Licensing and Inspection Act. Providing your social security number and date of birth are necessary to perform these investigations and will be used with your consent for the purposes described above.

Applicant (Please Print)												ALL fields are REQUIRED							
Last Name																			
First Name																Middle Initial			
Social Security #								Date of Birth				____/____/____							
				Month		Day		Year				City: _____ ST: _____ Zip: _____ Have you been a resident of Utah for more than 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If no, please provide previous address.</small>							
Applicant Signature:						Date:													

Hiring Department				ALL fields are REQUIRED			
Manager/Supervisor Name:				Phone #			
Department Name:				Dept/Org #			
Position Being Filled (Job Title):				Job Code #			
Drug test required? No <input type="checkbox"/> Yes <input type="checkbox"/> Date of test: _____				Is a license required for this position? No <input type="checkbox"/> Yes <input type="checkbox"/>			
<small>Please fax completed background check request to Human Resources at 581-5571; or, if this job was posted through Nurse/Pharmacy Recruitment, please fax to 587-9204. Thank you.</small>							

(For HR use only)						
	CBC	OIG	SOR	IMRO	DOPL	
Submittd						License #
Follow Up						Expire Date
Follow Up						Displn Action
Clear Date						Comnts
Comnts						Comnts