

THE UNIVERSITY OF SOUTHERN MISSISSIPPI
University Police Department

AUTHORIZATION TO RELEASE INFORMATION

Print all information

NAME: _____
CURRENT ADDRESS: _____
City, State, Zip: _____
SOCIAL SECURITY NUMBER: _____
DATE OF BIRTH: _____
RACE / SEX: _____
TELEPHONE NUMBER: _____
DRIVER'S LIC# / STATE _____

I hereby authorize The University of Southern Mississippi Police Department to obtain a criminal background check based upon my fingerprints _____ (_____) , or name _____ (_____)

Initial

Initial

and further request the inspection of any and all criminal records information in the possession of or accessible by any local law enforcement agency, the Mississippi Justice Information Center, any similar criminal justice information center for any other state other than Mississippi, and the Federal Bureau of Investigation, including, but not limited to, any past history of a criminal offense(s), misdemeanor or felony, for which I may have been convicted.

By giving the above-described release, I hereby waive any and all claims or liability for compliance which I may now have or may have in the future against the University of Southern Mississippi and the State of Mississippi, their employees and agents concerning said information, and do hereby indemnify the University of Southern Mississippi and the State of Mississippi and their employees and agents, against any and all future actions with reference to the release of the above-described information and the circumstances surrounding the same.

Check All Applicable Boxes:

Faculty/Staff GA Minors Program Staff Student Other _____
Please specify (e.g Volunteer, Affiliate, etc)

Position Offered: _____ Department: _____

Signature

Date

Witness to Signature

Date

FOR USE BY RECORDS PERSONNEL ONLY:

Does subject have a record? Yes _____ (see 2nd page) No _____

Record Checked by: _____ Date: _____

Background Check Form (page 2)

Criminal History Disclosure:

Have you ever been convicted* of a crime other than a minor traffic violation?

Yes No

If yes, you must disclose for each offense: date, charge, type or offense, city & state, disposition.

Date	Charge	Type (felony, misdemeanor)	City/State	Disposition (guilty, conditional dismissal)

(If additional space is needed, include the information below.)

I have carefully read and understand this background check statement and certify that the information provided is accurate.

Printed Name

Signature

Date

* Convicted means you were declared guilty by a judge or you pleaded guilty in court. A conviction may have even taken place if you did not pay a fine or spend time in jail or in prison. A conviction could have been for either a misdemeanor or a felony. For USM purposes, driving while under the influence, driving on a suspended license, reckless driving, leaving the scene of an accident, and vehicular homicide are not minor traffic violations and must be declared (whether the result is a ticket or a more severe penalty). Minor traffic violations that result in tickets do not need to be declared. A criminal history investigation is done on each new employec, and/or participant and any relationship with the University is conditional, subject to the findings of a criminal history investigation. Answering yes to this question does not automatically disqualify you for employment; however, information obtained from the investigation will be used in the employment review process.