



Augusta State University Credit Report Investigation Consent

I, _____, hereby authorize Augusta State University and/or its agents to make an independent investigation of my credit history records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment.

I release Augusta State University and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name Printed

*Date of Birth

Social Security Number

*Maiden Name or Other Names Used

Please list your current residence address and one prior if you have been at the current address less than one year:

Present Residential Address

How Long?

City/State

Zip

Former Address #1

How Long?

City/State

Zip

Signature

Date

*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment. Augusta State University is an Equal Opportunity Employer and does not discriminate on the basis of Sex, Race, Religion, Age (40 and over), Handicap or National Origin.