Department Contact: Julie Gray Case #

Updated 1/27/11

AUGUSTA STATE UNIVERSITY – BACKGROUND INVESTIGATION QUESTIONNAIRE AND RELEASE FORM
CONFIDENTIAL – DEPARTMENT: College of Education

I understand that this form will be kept separately from my student file and that the information regarding my date of birth, place of birth, and listed physical characteristics will not be kept in my student file. I further understand that the enrollment decision will be made based on my qualifications, employment record, and police record as related to the requirements of the position for which I am being considered.

PLEASE PRINT

NAME: _____
LAST FIRST MIDDLE

Other names used: (maiden name, name by former marriages, former names changed legally or otherwise: Aliases, nicknames, etc. Please specify which and show dates used) _____

DRIVER'S LICENSE NUMBER: _____ **SOCIAL SECURITY NUMBER:** _____

927 NUMBER: _____ **E-MAIL ADDRESS:** _____

ADDRESS: _____ **PHONE NUMBER:** _____
STREET CITY STATE ZIP

SEX: _____ **RACE:** _____ **HEIGHT:** _____ **WEIGHT:** _____ **EYE COLOR**: _____ **HAIR COLOR:** _____

DATE OF BIRTH: _____ **PLACE OF BIRTH:** _____

Do not include anything that happened before your seventeenth birthday. Do not include minor traffic violations for which a fine of $100.00 or less was imposed. All other convictions must be included even if they were pardoned. (Pleas of nolo should be included.)
Have you ever been convicted of a **misdemeanor** _____ or a **felony**? _____
If yes to either one or both list all convictions to include date, location, and agency involved. If additional space is needed, continue on reverse side.

_____
_____
_____

Are there any charges now pending against you by Federal, State, or other law –enforcement authorities for any violation of any Federal Law, State Law, county or municipal law, regulation or ordinance? (Do not include minor traffic violations for any fine of $35.00 or less would likely be imposed.)_____
If yes, list date, location, and agency involved. (If additional space is needed continue on reverse side)

_____
_____
_____

Special Employment provisions (check if applicable):
___ Employment with mentally disabled (Purpose code 'M')
___ Employment with elder care (Purpose code 'N')
___ Employment with children (Purpose code 'W')

I hereby authorize **Augusta State University** to receive any criminal history record information pertaining to me which may be in the files of any local, state or federal agency on this date or anytime during my enrollment. I understand this authorization is valid for one year from the date of my signature.

I, _____, attest that the information furnished by me in the foregoing form is true and correct this _____ day of _____, 20____.

_____
Legal Signature