Department Contact
Julie Gray
Updated 3/12/2009

Case #

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 _____ email 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.
_____
_____
_____
_____

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