



REQUEST, AUTHORIZATION, CONSENT, AND RELEASE FOR BACKGROUND INFORMATION

I have been informed and acknowledged that on December 13, 2007 the State Board of Education adopted Policy 623.01 requiring criminal background checks for all new and current employees.

I understand that I may voluntarily consent to the use of my social security account number for the purpose of conducting a criminal background check. I further understand that my voluntary consent to use my social security account number is being requested for purposes of conducting a criminal background check, pursuant to the authority of the State School Board Policy 623.01. I understand that neither the Department of Postsecondary Education nor any employing authority within the Alabama Community College System will deny me any right, benefit or privilege provided by law because of my refusal to voluntarily consent to the use of my social security account number for the limited purpose of conducting a criminal background check pursuant to Policy 623.01.

I voluntarily consent to the use of my social security account number for the limited purpose of conducting a criminal background check. SSN: _____ - _____ - _____

I do not consent to the use of my social security account number for the limited purpose of conducting a criminal background check.

The information I have given in my employment application, interviews, and/or related resumes and documents is true, complete, and accurate.

I understand and agree that if employed, and/or during any period of employment, any false statements, misrepresentations of facts, or omission made by myself become known, my employment shall be subject to immediate termination.

I understand that in the event a conviction for a felony or any crime involving moral turpitude is found that the procedures set out in the guidelines for State Board Policy 623.01 will be followed.

I have read and completely understand this release.

Applicant's Signature: _____ Date: _____

Name (Please print): _____
First Middle Other/Maiden Last

Address: _____

Date of Birth: _____

Driver's License Number: _____

Note: an additional fee will be required for states other than Alabama

The fee (minimum \$13) will be deducted from my first payroll check. (please initial) _____

OR

I have been ABI/FBI fingerprinted; a copy of my clearance or a current Teaching Certificate is attached. (please initial) _____