

Received: _____
Submitted: _____
By: _____

For Office Use Only:
Position: _____
Site: _____

Granville County Public Schools **Employee Background Authorization & Release**

I understand that a consumer report or an investigative consumer report (hereinafter referred to as "Report") may be procured at any time during my candidacy for employment and/or during my employment, contract work or volunteer work. I understand the Report may include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by policy, information may be obtained from public and private sources and may include information related to: social security verification, criminal records, driver/motor vehicles records, employment, education, credentials and personal references. I also understand that the information I provide regarding my gender, race and date of birth will not be used to discriminate against me in violation of the law.

FULL LEGAL NAME

First Name: _____ Middle Name: _____ Last Name: _____

SSN: ____ - ____ - _____ Re-Enter SSN: ____ - ____ - _____ Sex: _____ DOB ____/____/____

Race: _____ Current Address: _____ City: _____

State/ Province: _____ Zip Code: _____ Phone: ____ - ____ - _____

Email Address: _____

Driver's License # _____ State Issued: _____ Expires: _____

Maiden/Alias Names *(additional charges apply for each name searched)*

First: _____ Middle: _____ Last: _____ (Minimum First & Last Name Required)

First: _____ Middle: _____ Last: _____ (Minimum First & Last Name Required)

I state that my personal information provided above is accurate to the best of my knowledge. **I have included my full legal name above.** I hereby authorize without reservation the procurement of a Report. Furthermore, I authorize any organization, person or agency to furnish information about me and I release any organization, person, agency and company from any liability arising out of the request or release of the information contained in the Report. A photo or fax copy of this release form will be valid as an original thereof, even though said copy does not contain an original writing of my signature.

Signature: _____

Date: _____

Report processed by:
Background Investigation Bureau, Inc.
9710 Northcross Center Court
Huntersville, NC 28078
Toll free: (877) 439-3900

For Office Use Only
Approved to Employee: YES NO
Signature of Superintendent or Designee

Date: _____