

**St. Mary's College of Maryland
Office of Human Resources
(240) 895-4309**

Authorization to Release Information

Last Name

First Name

Middle Name

Social Security Number

Date of Birth

Driver's License Number/State

Current Address (Street Address, City, State, Zip Code)

Dates (mm/dd/yy) lived at this address: _____

Addresses for the past seven (7) years:

Dates (mm/dd/yy) at this address:

St. Mary's College of Maryland will conduct a reference and criminal background check for all persons hired to fill a sensitive position at the College that meets the criteria set forth in the College's Criminal Background Check Policy. Consideration for employment at the College is contingent on receipt of your written consent to a reference and criminal background check. The reference and criminal background check will be used to evaluate your suitability for employment.

St. Mary's College of Maryland will conduct a credit history for new applicants who have been extended a contingent offer of employment for a position with fiduciary responsibility at the College. Credit history reports are not required for current employees unless: a) the College is required by law to conduct a credit investigation, b) an existing faculty or staff member changes job responsibilities or is promoted to a position with fiduciary responsibility (as listed within the Credit History amendment).

Your signature below indicates your agreement with and acknowledgment of the following:

As an applicant for employment with St. Mary's College of Maryland, I authorize my current and past employers and work associates, including, but not limited to, supervisors, colleagues, and subordinates to release to St. Mary's College of Maryland any reference information in my personnel records or file (including but not limited to applications for employment, sick leave records, performance evaluations), academic records (including, but not limited to, transcripts, certificates, credentials, etc.), and information related to my work-related personal characteristics (including, but not limited to, my character, dependability, honesty, integrity, ability to work under

pressure, interpersonal skills, general physical ability, and reputation among co-workers.) I expressly and without reservation waive my right to review the information collected in the reference checks.

I authorize St. Mary's College of Maryland to order a Criminal Background Check as part of the College's investigation and consideration of my application for employment. I agree to provide fingerprints which will be used to check the criminal history records of the FBI. I understand that these reports may contain criminal or other information about me.

I authorize St. Mary's College of Maryland to conduct a credit check as part of the College's consideration of my application for employment if the job for which I am being considered is one with fiduciary responsibility.

If I am hired, I authorize the College to retain this Authorization and it shall serve as an on-going Authorization for the College to obtain further reports at any time during my employment with the College in order to evaluate my continued suitability for employment, to the extent permitted by law.

St. Mary's College of Maryland will maintain reference, criminal background and credit information in confidence and solely for the purpose of evaluating my suitability for employment, except as required by law or by court order. Information appearing on the Authorization will be used for identification purposes and used to provide information that will be considered to determine suitability for employment.

Under the Fair Credit Reporting Act, consumers have certain rights regarding all consumer reports, including criminal background reports and credit history reports. Notice of those rights may be obtained from the College's Office of Human Resources.

A photocopy or electronic copy of this signed authorization is to be considered valid as an original.

IN EXECUTING THIS AUTHORIZATION, I FULLY AND COMPLETELY RELEASE ALL PRESENT AND PAST EMPLOYERS AND THEIR EMPLOYEES AND THE STATE OF MARYLAND AND ST. MARY'S COLLEGE OF MARYLAND AND THEIR OFFICERS, EMPLOYEES, REPRESENTATIVES, AND AGENTS FROM ANY AND ALL CLAIMS, DAMAGES, AND LIABILITY ARISING FROM THE USE, DISCLOSURE, OR RELEASE OF INFORMATION RECEIVED BY THE COLLEGE PURSUANT TO THIS AUTHORIZATION, EXCEPT FOR CLAIMS SUBJECT TO THE MARYLAND TORT CLAIMS ACT OR AS PROVIDED BY LAW.

I HAVE CAREFULLY READ AND UNDERSTAND ALL OF THE PROVISIONS OF THE AUTHORIZATION, AND VOLUNTARILY AND WITHOUT COERCION OR DURESS AGREE TO THE PROVISIONS OF THIS AUTHORIZATION.

Candidate's full name (Print) Other last names you have used (if any)

Candidate's signature

Date