

## VOLUNTEER CONSENT & AUTHORIZATION FOR BACKGROUND INVESTIGATION

### Initiated by the Consumer for Volunteer Screening

I, hereby authorize the UNIVERSITY OF SOUTH ALABAMA, hereinafter referred to as Company and/or its designated agents to procure a consumer report and/or an investigative consumer report on me as a prerequisite to my participation as a volunteer for the Company's department programs/activities and to make an independent investigation of my background, including but not limited to, references, character, past/present employment, education, credit, motor vehicle records, drug screening records, civil, criminal and police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application, or in other supporting documentation and/or obtaining other information which may be material to my qualifications.

I understand that the Company, and/or its designated agents will adhere to applicable state and federal statutes concerning the securing of the information, handling, and release of information obtained in the investigation. I further understand, pursuant to Section 606(b) set forth in the federal Fair Credit Reporting Act, I have the right to request additional disclosures as to the nature and scope of the investigation and will be provided a copy of the consumer rights as defined by the Federal Trade Commission. I also understand if an adverse decision is made, due to the contents of this investigative report, then pursuant to Section 604(b)(3), I will receive a free copy of the report and a summary of my rights as a consumer under the FCRA. The following is my true and complete legal name and all information on this document is true and correct to the best of my knowledge. Any falsification of the facts or omission of material facts under any circumstances, found during the investigation or at anytime thereafter, constitutes the basis for immediate disqualification as a candidate or termination of my participation. I understand that the information requested below is for the sole purpose of gathering information accurately for positive identification and will not be used to discriminate against me in violation of any law. I understand any initial offer will be contingent until all information is obtained and processed and may be subsequently withdrawn based on the results of this investigation. I further understand this signed consent hereby authorizes the Company, and/or its designated agents, to conduct necessary, random and/or periodic background investigations as a requirement of my continued qualifications. A telephonic facsimile (FAX) or a photographic copy of this authorization shall be as valid as the original.

Applicant First Name	Middle Name (NO INITIALS)	Last Name
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Maiden Name,	And/Or Any Other Names Used,	Nickname
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Present Address	City/State/Zip	County	How long there?
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Date Of Birth	Sex	Race	Social Security Number
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Drivers License Number	State Of License	Expiration Date
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PLEASE PROVIDE ADDRESS LISTINGS FOR THE LAST SEVEN YEARS

Former Address	City/State/Zip	County	How long there?
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Former Address	City/State/Zip	County	How long there?
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Former Address	City/State/Zip	County	How long there?
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**CALIFORNIA, MINNESOTA and OKLAHOMA APPLICANTS ONLY:** ☐ Check here if you wish to receive a copy of any formal report generated as a result of this investigation. (CA.AB655 as amended)

Applicant's Signature (Required) PLEASE-DO NOT PRINT	Date	Witnessed
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