



Criminal History Record Release and Background Investigation Authorization

For Employment, Contract and Third Party Placements

Background Authorization: I hereby authorize the Augusta University/Augusta University Medical Center to conduct and receive any criminal history record information pertaining to me, including traffic offenses, driving history, or other information which may be in the file of any state, local or federal criminal justice agency and to release such information to their vendor of record or Augusta University/Augusta University Medical Center directly. I agree that the claim in connection with any dissemination of information pursuant to this record check. NOTE: A conviction record is not necessarily a bar to employment. Factors such as age at the time of the offense, lapse of time since conviction, rehabilitation, nature of the offense and the position sought will be taken into consideration. Augusta University/Augusta University Medical Center does not hire individuals with a felony conviction. The results from this background check is only acceptable for 30 days after the approval date. Any JagCard that is not received by the 30th day will need to resubmit a background check.

Personal Information:

Legal Name: (Please Print Legibly) _____
Last Name First Name Middle Name

Address: _____
Number Street Name City State Zip

Phone#: _____ **Social Security#:** _____

Date of Birth: _____ **Sex:** ()Female ()Male **Race:** ()ASIAN ()BLK ()CAUC ()HISP ()OTHER _____

Signature: _____ **Date:** _____

Augusta University Project Manager (Lee Auditoria BC 1100):

University Hospital BOTH

Print Name: _____ **Contact Number:** _____

Project#: _____ **Date:** _____

Signature: _____

Contractor Contact Information:

Contractor: _____

Contact Name, Phone & Email: _____

Sub-Contractor Information:

Contractor: _____

Contact Name, Phone & Email: _____

FOR OFFICE USE ONLY

Received by: _____ **Case #:** _____ **Date:** _____
Status: CLEARED / NOT CLEARED **Date Emailed:** _____