Image: Second state Image: Second state							
				I,(Print your name)	, grant Augusta Univer	sity, by and through	
				Its independent contractor, Database System	s International, permis	sion to obtain a copy of	
my credit report. I understand that further cor	nsideration of my empl	oyment for the					
position Title)	tion is contingent upon	a successful review of					
my credit report. Department Name							
Last Name (print)		social Security	Number				
First Name (print)		Date of Birth					
Contact Telephone Number	_						
*Street Address	City	State	Zip				
*Previous Street Address	City	State	Zip				
*Previous Street Address	City	State	Zip				
*Previous Street Address	City	State	Zip				
SIGNATURE							

DATE

*Please list present and former addresses for the past seven years. Attach additional sheets, if necessary. Original: Employee File Copy with Credit History