

AUTHORIZATION FOR TDPS BACKGROUND CHECK/ CONSUMER REPORT

TDPS BACKGROUND CHECK:

By providing the requested information below, I consent to and authorize Collin County Community College District to obtain a criminal background report from the Texas Department of Public Safety. I understand that the College cannot release to me any information provided by the Texas Department of Public Safety.

CONSUMER REPORT:

Further, by providing the information below, I consent to have a consumer report made as to my criminal record and/or motor vehicle driving record and I hereby authorize Collin County Community College District to obtain a background report containing information from ChoicePoint WorkPlace Solutions Inc.

I am aware that the background report I consent to have prepared by ChoicePoint may include information obtained from a variety of sources. I am aware that if I choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me if I made a written request to ChoicePoint WorkPlace Solutions Inc within a reasonable time after I execute this authorization.

I also authorize and request every person, firm, company, corporation, governmental agency, court, law enforcement office, and any other entity having control or possession of any information pertaining to me or my background to furnish same to any requesting party.

By this Authorization for Release of Information and for the Procurement of a Background Report, I hereby forever release, discharge, exonerate, hold harmless and indemnity ChoicePoint WorkPlace Solutions Inc, its affiliates, employees, representatives, agents, and subcontractors, any other person, entity, organization or institution furnishing information to them from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander, invasion of privacy, related tort claims, misuse of information obtained from ChoicePoint WorkPlace Solutions Inc, and any other claim or cause of action arising out of the furnishing, inspection or copying of any documents, files, records, and other information, or the investigation made by or on behalf of ChoicePoint WorkPlace Solutions Inc, unless such release is determined to violate the public policy of the state or federal district in which this contract is executed, and in that event this release will be permitted to the maximum extent allowed by the governing law.

I understand that a photocopy, facsimile or electronically signed copy of this document shall be considered as valid as an original. During the application process and at any time during the tenure of my employment with the Company, I hereby authorize ChoicePoint WorkPlace Solutions Inc., on behalf of The Company to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from credit bureaus, courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.



TO BE COMPLETED BY HIRING SUPERVISOR:		
Hiring Supv:		
Dept:		
Ext:		
Fax to: 972- 985-3778		

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PLEASE PROVIDE THE FOLLOWIN	NG INFORMATION:		
Last Name	First Name	Middle Name	_
Date of Birth	Sex	Race	_
Social Security Number	Driver's Li	icense Number State	_
Present Address	City	State	Zip
List ALL other names you have use	ed including maiden n	ame: If none, list "N/A"	
List ALL other states that you have	lived in since age 18:	If none, list "N/A"	
I give my permission to Collin Cou background report from the Texas I criminal and/or motor vehicle drivin Further, I understand that any false the application or this form shall be	Department of Public of Pu	Safety and/or consumer repore Point WorkPlace Solutions Internations or omissions made I	t as to my nc. by me on
Signature:		Date:	