

ATTACHMENT B

DISCLOSURE AND AUTHORIZATION STATEMENT

Employee Name _____
Position Sought _____
Position Number _____
Department/Unit _____
Dept. Chair/Head _____
Supervisor _____

I understand that by this document Fayetteville State university (FSU) discloses that a criminal background check and/or a credit history check may be obtained as part of my pre-employment background investigation or after employment has begun under a contract which makes employment contingent upon completion of a criminal background check and/or a credit history check. A consumer or credit reporting agency that has a contractual relationship with the university will provide this report.

By signing this document, I authorize FSU to procure a criminal background report and/or a credit history report from a consumer or credit reporting agency and I hereby release Fayetteville State university, members of its board, officers, employees, agents, and representatives from all liability or responsibility arising out the information provided in the consumer reports and also out of the manner in which the reports were prepared, provided and considered by the university and/or the consumer reporting agency. I further authorize any party or agency contacted by FSU or its agent to furnish criminal background information and/or credit history information and hereby release all such parties involved from any liability and responsibility for damages for having furnished such information in good faith.

I understand that the information requested on the disclosure form is for the sole purpose of gathering the above-mentioned information about me accurately, and that it will not be used to discriminate against me in violation of the law. I understand that providing my social security number on this form is voluntary and is for the sole purpose of obtaining a criminal background report. A facsimile or photographic copy of this authorization will be as valid as the original.

I understand that if I fail or refuse to execute this document no further consideration will be given to my application for employment.

Applicant's Full Legal Name (Signature)

Date

Applicant's Full Legal Name (Print)

Upon completion, please fax to the attention of Wanda L. Jenkins, General Counsel at 910-672-2291. Thank you.

ATTACHMENT C

DISCLOSURE FORM

Employee Name _____
Position Sought _____
Position Number _____
Department/Unit _____
Dept. Chair/Head _____
Supervisor _____

PLEASE PRINT OR TYPE ALL INFORMATION

Last Name _____ First Name _____

Middle _____ Maiden Name _____

AKA _____

Social Security Number _____ Date of Birth _____

Driver's License Number _____ State _____

Driver's License Issue Date _____

Sex: ()Male ()Female Race: _____

Current Address:

Length at Current address: _____ (If less than 7 years please provide previous addresses)

Previous Address (1):

Previous Address(2):

Length at previous address(1): _____ , Length at previous address(2): _____.

**Upon completion, please fax to the attention of Wanda L. Jenkins, General Counsel at 910-672-2291.
Thank you.**