

Clearly print all information. Provide **all** information requested. This information is used for identification purposes only. Return this document to **your department**, not HRS.

First name	Middle name	Last name	Suffix	Maiden/Alias name(s) (if applicable)
Present street address (No P.O. Boxes)		City	State	Zip code
Previous street address (No P.O. Boxes)		City	State	Zip code
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Current phone	Drivers license / ID number (include state)	Social Security number
			UT EID	Date of birth (MM/DD/YYYY)

Years at this address: _____

Years at this address: _____

California, Minnesota, New York, and Oklahoma applicants only: Please check here to have a copy of your consumer report sent directly to you. Only those applicants who are receiving a vendor background check can request a copy.

Authorization to conduct background check

I hereby authorize The University of Texas at Austin and/or its agent to furnish The University of Texas at Austin my consumer, criminal, driving, and other related reports to include education, license, and certification information in connection with my employment or potential employment (including contract for services) with The University of Texas at Austin. I do hereby release all agents, servants, and employees of The University of Texas at Austin, the person in charge of such law enforcement agency or department and all members of such law enforcement agency or department from all liability resulting from the furnishing of this information to The University of Texas at Austin.

I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements made herein will void my access to The University of Texas at Austin.

Signature of applicant _____ Date _____

This section to be completed by the department

Important Instructions: Fax the completed form to 512-475-6883, or mail to Human Resource Services, Employee Records at the address below. The department account number specified below will be charged for processing this request. Please use a sub-account ending between 50 and 59.

Identity has been confirmed by hiring department
 _____ Hiring department witness
 _____ Special handling request

Job title of hire _____ Job Code _____ Recruiting job no. (if applicable) _____ Position ID _____ Department and hiring unit code _____

Department account number _____ Department contact name _____ Department contact phone _____

Department EIDs (three maximum) _____

Authorized signature for department _____

Notice Concerning Your Information The Texas Public Information Act, with a few exceptions, gives you the right to be informed about the information that The University of Texas at Austin collects about you. It also gives you the right to request a copy of that information; and to have the University correct any of that information that is wrong. You may request to receive and review any of that information, or request corrections to it, by contacting the University's Public Information Officer, Office of Financial Affairs, PO Box 8179, Austin, Texas, 78713, e-mail: cfo@www.utexas.edu.

For HRS use only	S _____ Date _____	Initials _____	V _____ Date _____	Initials _____
	<input type="checkbox"/> Eligible	<input type="checkbox"/> Ineligible	<input type="checkbox"/> Eligible	<input type="checkbox"/> Ineligible

Disclosure of Social Security numbers (SSN) is requested from you in order for The University of Texas at Austin to complete a background check. No statute or other authority requires that you disclose your SSN for that purpose. Failure to provide your SSN, however, may result in dismissal or ineligibility to be hired. Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.