



RELEASE FOR BACKGROUND INFORMATION

I, _____ hereby authorize Youngstown State University and/or its agents to conduct an independent background investigation.

I release Youngstown State University and/or its agents and any person or entity which provides information pursuant to this authorization from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above referenced sources used.

For an individual under the age of 18, a parent or guardian must sign and agree on behalf of the minor for the release of background information. *

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge:

Full Name: _____

Position: _____

Maiden Name or Other Names Used: _____

Country of Citizenship: _____

Present Address: _____ How Long: _____

City: _____ State: _____ Zip Code: _____

Former Address: _____ How Long: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____ State: _____

Signature: _____ Date: _____

***Parent/Guardian Signature: On behalf of the minor under the age of 18 listed above, I authorize Youngstown State University to conduct an Independent Background Investigation:**

Parent/Guardian Signature: _____ Date: _____

Original: Office of Human Resources

Copy: Applicant

11/2020