

**SITTING BULL COLLEGE RELEASE AND AUTHORIZATION FOR
BACKGROUND CHECK**

As a condition of my employment (including contract for services), I understand and acknowledge that the Sitting Bull College will conduct an investigation in to my personal background for employment, promotion, reassignment, and retention as an employee. I understand that these investigative reports may contain public record information, which includes criminal records, driving record, education, prior employer verification and worker compensation claims. I understand that the information will be requested from various Federal, State, Local, and Tribal agencies that contain past records of my activities.

I hereby authorize without reservation, any party or agency contacted by the Sitting Bull College to furnish the above-mentioned information.

I have the right to make a request of the Sitting Bull College for the information in its files on me at the time of my request.

I further authorize ongoing procurement of the above-mentioned reports at any time during my employment or service contract.

Print your name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____

Drivers License State: _____ License Number: _____

For Identification Purposes:

Date of Birth: Month _____ Day _____ Year _____ Race _____ Gender _____

Other former names: _____

States resided in the last Ten years: _____

Professional License: State _____ Type _____ Number _____

Signature: _____ Date: _____