

SITTING BULL COLLEGE

RELEASE AND AUTHORIZATION FOR BACKGROUND CHECK

As a condition of my employment (including contract for services), I understand and acknowledge that 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 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.

*REQUIRED

Print your name: _____
*First *Middle *Last

*Address: _____
PO Box Street

*City: _____ *State: _____ *Zip: _____

*Social Security Number: _____

Drivers License State: _____ License Number: _____

For Identification Purposes:

*Date of Birth: _____ Race: _____ Gender: _____

*Tribal Affiliation (if applicable) _____

States resided in the last TEN years: _____

Professional License: State: _____ Type: _____ Number: _____

Signature: _____ Date: _____