

## **AUTHORIZATION TO OBTAIN A CONSUMER REPORT OR AN INVESTIGATIVE CONSUMER REPORT AND RELEASE**

I hereby authorize Rutgers, The State University of New Jersey and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated as a condition of employment, continued employment, promotion, reassignment or retention as an employee or a condition of my volunteer service. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: Social Security Number validation; credit reports; criminal records checks; address history; court records checks; driving records; professional licensing; professional liability claims history; charges of research misconduct; information about my character, general reputation and personal characteristics; and/or summaries of educational and employment records and histories. Any information contained in such reports may be taken into consideration in evaluating my suitability for employment. In addition, I understand that, to the extent that I am currently a Rutgers employee, the information in a consumer report may be taken into consideration with respect to my employability in my current position.

I understand that if any adverse decision is made with regard to employment or volunteer service based on the information contained in a consumer report or an investigative consumer report, I will be notified and given a copy of the report, as well as a summary of my rights.

In addition, I understand that, to the extent that Rutgers requests an investigative consumer report, which generally provides information about my character, my general reputation and personal characteristics, my mode of living, summaries of my educational and employment records and histories, I will receive separate disclosure of the precise nature and scope of the report and, if I request, I will receive a copy of the report.

I have been informed that my refusal to consent to a consumer report or investigative consumer report may result in rejection of my application for employment or volunteer service or withdrawal of an offer of employment or volunteer assignment.

I authorize the complete release of records or data pertaining to me, both information that may be provided in written form or verbally, which an individual, company, firm, corporation, or public agency may have. I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request.

I understand that this authorization shall remain on file and shall serve as an ongoing authorization for Rutgers to procure consumer reports at any time during my employment to the extent permitted by law.

I understand that I must provide my date of birth to adequately complete said screening, and acknowledge that my date of birth will not affect any hiring decisions where age is not a bona fide position requirement.

I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me, to furnish Rutgers and its consumer reporting agency with any and all information in their possession regarding me in connection with an application for employment. This authorization and consent shall be valid in original, fax, or copy form.

I hereby release Rutgers University, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to release.

I understand that, if I request a copy of this authorization in writing, Rutgers will provide me with a copy. I also understand that the results of the background investigation will be maintained in confidence.

Name: (Please Print) \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
\_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_ / \_\_ / \_\_\_\_  
(MM/DD/YYYY)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_