## Acknowledgement and Authorization for Criminal Background Check

As a condition of my candidacy for employment with Florida Atlantic University, I understand that the University will conduct a criminal background check on me for employment purposes.

By signing this Acknowledgement and Authorization, I authorize Florida Atlantic University, the Florida Atlantic University Police Department, and /or any other company authorized by the University, to access such information as may be necessary to complete a criminal background check.

I release from liability all persons and entities supplying such information. I indemnify Florida Atlantic University, The Florida Atlantic University Police Department, and/or other company authorized by Florida Atlantic University, against any liability which may result from making such requests. I agree that a fax or photocopy of the Acknowledgment and Authorization with my signature will be accepted with the same authority as the original. I understand that upon my request, I will be given a copy of the background report and, when applicable, a written description of my rights under the Fair Credit Report Act.

I believe to the best of my knowledge that all information provided below is accurate, true and correct, and that I fully understand the terms of the Acknowledgment and Authorization.

I am a candidate for the position of			in the (College or Department) of
Florida Atlantic Univ	ersity Polic	e Department	
Hiring Manager's Name a	nd Extensio	on:	
Applicant's Printed Name:			
Current Address:			
City:	State:	Zip Code:	Country:
Social Security Number: _	Date of Birth:		
Sex: Race:	Race: Drivers License Number and State:		
Signature:	Date:		

Please sign and return this Acknowledgment and Authorization along with your acceptance of the University's offer of appointment

ATTENTION DEPTS: Please submit this completed form along with the hiring authority's name and contact information to the Employment Office (ADM 102)