

Supplement A: This form is used for background clearance and record keeping purposes. It is maintained separate from the application by Human Resources.

AUTHORIZATION TO RELEASE INFORMATION

This is to certify that I, _____ as an applicant for a position with the Savannah State University, do hereby authorize the release of any and all information to the Savannah State University’s Human Resources Department from whomever they may deem it necessary to make such a request. Such information will include, but will not be limited to: criminal history records, military record, former employer records, pre-employment drug screen results, credit records and educational records or transcripts. I also release all persons from any liability which results from furnishing said information to the Savannah State University’s Human Resources Department. Further, I authorize the Savannah State University’s Human Resources Department to copy or otherwise reproduce this original document and to let such copies or otherwise reproduction copy act as the original instrument. The original document is to be retained on file with the Savannah State University’s Human Resources Department.

Full Name Printed

Social Security Number

Birth date

Address

City

State

Zip

Phone Number

Email Address

Signature

Date

The following information is requested for identification and record-keeping only and will be maintained separately from the application. Exclusion of this data will not result in disqualification from consideration.

Check one: Male Female

Check one of the following: (Ethnic Origin)

White

Hispanic

American Indian/Alaskan Native

Black

Asian/Pacific Islander

Other

Disabled Individual (In accordance with Americans with Disabilities Act)

Veteran

Yes

No