



DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for employment with Mississippi State University, I authorize the University to request a consumer and/or investigative consumer report on me for employment purposes from Truescreen, Inc. Such reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living; discerned through employment and education verifications; personal references and interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; workers' compensation records after a conditional job offer has been extended and to the extent permitted by law; a social security number trace; present and former addresses; criminal and civil history/records; and any other public record.

I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to Mississippi State University and Truescreen, Inc., including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus. I authorize Mississippi State University to share such information only with parties in interest who have a "need to know" such information to protect them and their employees. Truescreen, Inc. does not sell or otherwise provide any of the information found in its background investigations to any party other than Mississippi State University.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any consumer report of which I am the subject upon my written request to Truescreen, Inc. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I agree that this authorization shall remain valid for the duration of my employment with Mississippi State University. I certify that the information contained on this Authorization form is true and correct and that my application or employment may be terminated based on any false, omitted or fraudulent information.

Signature: _____ Date: _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Last Name: _____ First Name: _____ Middle: _____

Other Names Used: _____ Years Used: _____

Current Address: _____
Street/ P.O. Box City State Zip CodeCounty Dates

Former Address: _____
Street/ P.O. Box City State Zip CodeCounty Dates

Social Security Number: _____ Daytime Phone Number: _____

E-mail Address: _____ Driver's License Number: _____ State of Issuance: _____

*Date of Birth: _____ *Gender: _____

For California, Minnesota, and Oklahoma Applicants Only: If an investigative consumer report is processed, I understand that I am entitled to receive a copy. An investigative report will be obtained through Truescreen®, Inc., P.O. Box 541 Southampton, PA 18966. Telephone (800) 260-1680. www.truescreen.com. I have indicated below whether I would like a copy.
Yes _____ No _____