



Company/Affiliation

Clearly print all information. Provide **all** information requested. This information is used for identification purposes only. Return this document to **your department**, not HRS.

First name \_\_\_\_\_ Middle name \_\_\_\_\_ Last name \_\_\_\_\_ Suffix \_\_\_\_\_ Maiden/former name (if applicable) \_\_\_\_\_

**Present** street address (No P.O. Boxes) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Years at this address: \_\_\_\_\_

**Previous** street address (No P.O. Boxes) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Years at this address: \_\_\_\_\_

Gender \_\_\_\_\_

Last 4: \_\_\_\_\_

Male  Female Current phone \_\_\_\_\_ Drivers license / ID number (include state) \_\_\_\_\_ Social Security number \_\_\_\_\_ UT EID \_\_\_\_\_ Date of birth (MM/DD/YYYY) \_\_\_\_\_

**California, Minnesota, and Oklahoma applicants only:** Please check here to have a copy of your consumer report sent directly to you. Only those applicants who are receiving a background check with HireRight can request a copy.

**Authorization to conduct background check**

I hereby authorize The University of Texas at Austin and/or its agent to furnish The University of Texas at Austin my consumer, criminal, driving, and other related reports to include education, license, and certification information in connection with my access or potential access (including contract for services) to a security sensitive area within The University of Texas at Austin. I do hereby release all agents, servants, and employees of The University of Texas at Austin, the person in charge of such law enforcement agency or department and all members of such law enforcement agency or department from all liability resulting from the furnishing of this information to The University of Texas at Austin.

I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements made herein will void my access to The University of Texas at Austin.

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

**This section to be completed by the department**

**Important** Instructions: This form is to be used for non-employees needing access to areas designated as security sensitive. **Send this completed form to Human Resource Services, Employee Records.** The department account number specified below will be charged for processing this request. Sub-accounts ending between 50 and 59 should be used.

Identity has been confirmed by sponsoring department \_\_\_\_\_ Department witness \_\_\_\_\_

Reason for request \_\_\_\_\_ Job Title/Job Code \_\_\_\_\_ Position ID \_\_\_\_\_ Department and hiring unit code \_\_\_\_\_

Department account number \_\_\_\_\_ Department contact name \_\_\_\_\_ Department contact phone \_\_\_\_\_

Department EIDs (three maximum) \_\_\_\_\_

**Notice Concerning Your Information** The Texas Public Information Act, with a few exceptions, gives you the right to be informed about the information that The University of Texas at Austin collects about you. It also gives you the right to request a copy of that information; and to have the University correct any of that information that is wrong. You may request to receive and review any of that information, or request corrections to it, by contacting the University's Public Information Officer, Office of Financial Affairs, PO Box 8179, Austin, Texas, 78713, e-mail: [cfo@www.utexas.edu](mailto:cfo@www.utexas.edu).

Authorized signature for department \_\_\_\_\_

**For HRS use only** S \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_ V \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_  Eligible  Ineligible

Disclosure of Social Security numbers (SSN) is requested from you in order for The University of Texas at Austin to complete a background check. No statute or other authority requires that you disclose your SSN for that purpose. Failure to provide your SSN, however, may result in dismissal or ineligibility to be hired. Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.