CRIMINAL BACKGROUND CHECK
AUTHORIZATION FORM
The University of Texas Health Science Center at Houston

TO BE COMPLETED BY CANDIDATE

PLEASE PRINT ALL REQUESTED INFORMATION.

Name:_____
Last *First* *Middle*

Other Names Used:_____

Current Address: _____

City/State/ZIP Code: _____

Social Security #:_____ **Date of Birth*** _____
The University of Texas Health Science Center at Houston (UTHSC-H) is requesting your social security number (SSN) in order to expedite this check with the ACXIOM company. Your SSN will not be disclosed to anyone outside the University except as mandated by law.

Driver's License # _____ **State of Issue**:_____

In connection with my employment at UTHSC-H, I hereby authorize the ACXIOM Company to conduct a security background check on me. I understand that this security check will cover information such as criminal history, education and employment, sanctions/exclusions, and professional licensure/certifications. I understand that this background check may include information from previous employers relating to my work experience. I hereby release UTHSC-H and its employees, as well as the ACXIOM Company and its employees, from all liability resulting from the furnishing of this information to UTHSC-H. 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 could void my consideration for employment, or could result in disciplinary action up to, and including termination.

Signature:_____ **Date**:_____

With few exceptions, you are entitled (at your request) to be informed about the information The University of Texas Health Science Center at Houston (UTHSC-H) collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have UTHSC-H correct information about you that is held by us and is incorrect, in accordance with the procedures set forth in The University of Texas System Business Procedures Memorandum 32. The information that UTHSCH collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.

** DOB is being requested in order to obtain accurate retrieval of records*

This section to be completed by UTHSC-H

Position:_____ Department:_____

Unit/School:_____

Request Date:_____ Results Date:_____

Approved: □ Yes □ No HR Representative:_____