

Human Resources Department  
University of North Carolina at Asheville  
One University Heights  
Asheville, NC 28804  
Phone: (828) 251-6605  
Fax: (828) 251-6385



## Authorization and Consent for Release of Information

This Authorization and Release gives your permission to UNCA Human Resources to conduct a background investigation on behalf of The University of North Carolina at Asheville (UNCA). The result of this process will be utilized by UNCA to determine eligibility for employment. All information will be proprietary and kept as confidential as practicable. The information obtained by UNCA will not be provided to any parties other than this company.

*I, the undersigned, do hereby certify that the information provided by me in my application for employment, resume, or in verbal discussions relating to my consideration for employment is true and complete to the best of my knowledge. I hereby authorize UNCA Human Resources to: (1) investigate the truthfulness of all my statements made on my application or resume, or verbal statements made by me in the interview process, (2) conduct any verification of my education, employment, personal, credit, and motor vehicle records, and to receive any criminal history reports, and (3) disclose verbally or in writing the results of any investigation with the authorized employees or agents of this company, involved in the hiring process.*

*Further, I authorize the procurement of any other information, which relates to my background, character, and personal reputation, which may be deemed relevant to my employment in accordance with state and federal laws.*

*I have read and understand this Authorization and Consent. The original or copy of this document serves as my valid authorization to any and all persons, educational institutions, past and/or current employers, organizations, credit agencies, law enforcement or criminal records agencies, and other agencies to release information about me to UNCA, or its designated agent, and hereby release and hold harmless all such persons, institutions, agencies, employers, and organizations providing such information from liability and any or all claims and damages connected with providing any requested information.*

*I further agree to indemnify, discharge, and forever hold harmless UNCA, its directors, officers or employees from any and all damages, claims, losses, liabilities, costs, and expenses (including, but not limited to attorney's fees) incurred as a direct or indirect result of any lawsuit or administrative proceeding brought against UNCA, related directly or indirectly to the disclosure of any such information or to such investigation. I understand that my employment with UNCA is conditional upon an acceptable background investigation.*

Authorized by:

_____	_____	_____	
Print Name	Current Address, City, State, Zip	County	
_____	_____	_____	
Other Name (if applicable)	Previous Address, City, State, Zip	County	
_____	_____	_____	
Social Security Number	Home Phone (include area code)	Work Phone (include area code)	
_____	_____	_____	
Driver's License #	State	Expiration Date	Date of Birth
_____	_____	_____	_____

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date