

**UNIVERSITY OF CALIFORNIA, RIVERSIDE  
AUTHORIZATION TO RELEASE INFORMATION FORM**

*Complete by Applicant/Employee*

I hereby AUTHORIZE and request any law enforcement agency to furnish bearer with criminal history and identity check information. I further authorize UNIVERSITY OF CALIFORNIA, RIVERSIDE to obtain and verify from my designated business and professional references ("My References") such in their possession regarding me in connection with my employment. I hereby authorize all of the following, without limitation, to disclose information about me to UNIVERSITY OF CALIFORNIA, RIVERSIDE and its agents: law enforcement and all other federal, state and local agencies, learning institutions (including public and private schools, colleges and universities), testing agencies, information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and all other individuals and sources with any information about and concerning me. The information that can be disclosed to UNIVERSITY OF CALIFORNIA, RIVERSIDE and its agents includes, but it is not limited to, information concerning my employment and earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses.

I acknowledge that a photocopy of this authorization may be accepted with the same authority as the original. This authorization includes, but is not limited to, criminal and court records, references, school and employment records, whether privileged or not. This authorization to furnish to information is executed in consideration of my possible employment with the UNIVERSITY OF CALIFORNIA, RIVERSIDE.

I understand that UNIVERSITY OF CALIFORNIA, RIVERSIDE positions that are designated critical require background checks for the purpose of evaluating me for employment, promotion, reassignment, reclassification, transfer, or retention as an employee.

**PRINT NAME:** \_\_\_\_\_  
Last First Middle

**OTHER NAMES YOU HAVE USED:** \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_  
Street Number & Name City State Zip

**HOME PHONE #:** \_\_\_\_\_ **BUSINESS PHONE #:** \_\_\_\_\_

**TO BE COMPLETED POST OFFER**

**DATE OF BIRTH:** \_\_\_\_\_ **SOCIAL SECURITY #:** \_\_\_\_\_

**DRIVER'S LICENSE INFORMATION:** \_\_\_\_\_  
License Number Expiration Date State of Issue

**PRIVACY NOTICE**

The state of California, Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves.

The principal purpose for requesting the information on this form is to conduct background checks on individuals selected for critical positions. University policy and federal statute authorize the maintenance of this information.

Furnishing all information requested on this form is mandatory. Failure to provide such information shall result in a determination that the applicant is ineligible for employment or not appropriate for reassignment from a non-critical to a critical position.

The University office responsible for maintaining the information contained on this form is the Human Resources Department for all staff and Student Employment for students of the University of California, Riverside.

I hereby certify that all statements on this authorization are true and correct to the best of my knowledge and belief. I understand that the University of California, Riverside solicits this information so as to be informed of my previous record and character. I understand that my employment with the University of California depends upon successful completion of a background investigation. If employed, I understand that any falsification, misrepresentation or omission of facts of this record may be considered grounds for disqualification, release or dismissal.

**Waiver of Rights under California Civil Code section 1786.53:** Please check this box if you would like to waive your right to receive a copy of any public records contained in your background report if obtained by the University. I understand that checking this box does not waive my right to obtain copies of public records contained in the background report if adverse employment action is taken as a result of information contained in the record.

**APPLICANT/EMPLOYEE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_