

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position applied for

\_\_\_\_\_  
Person/Department making request

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**RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_, the undersigned, agree and acknowledge that I am an applicant for employment with Centenary College.

I hereby authorize a review and full disclosure of all information and records concerning myself to Centenary College relative to educational background, criminal history, employment and pre-employment records, including background reports, efficiency ratings, and any other factors that would be pertinent to my suitability for employment. I hereby authorize all persons or agencies to provide such information to Centenary College and I agree to hold harmless all such persons or agencies.

I understand that any information obtained by a personal history background investigation will be considered in determining my suitability for employment by Centenary College.

I further understand, agree and acknowledge that in the event my application is rejected, the reason for said rejection may not be revealed to me.

I agree that in the event I am employed, information concerning such employment may be released to any future prospective employer.

I also understand that any false information provided verbally and/or on my application would be grounds for termination and/or I will not be given further consideration for this position.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Race

\_\_\_\_\_  
Gender

\_\_\_\_\_  
Marital Status

\_\_\_\_\_  
Driver's License Number - State

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Cell phone Number

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Signature of Witness

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Office use only)

Date Sent to SoResearch: \_\_\_\_\_

\_\_\_\_\_ Approved

\_\_\_\_\_ Needs Review

\_\_\_\_\_ Not Approved