

## Consent to Release Information for Pre-employment/Volunteer Assignment(s) Background Investigation

To Whom It May Concern:

I hereby authorize Security Services of Connecticut, Inc. (hereinafter referred to as "SSC"), as directed by the University of Connecticut (hereinafter referred to as "UConn") the right to make a thorough investigation of my past, including but not limited to a check of criminal records, driving history and/or motor vehicle records, education and work history for the purpose of determining my eligibility for employment/volunteer assignment(s) with UConn. A credit check will not be conducted as part of this investigation.

I authorize that a photocopy of this statement be accepted with the same authority as the original. I hereby waive all written notice requirements from any person, agency or employer contact.

I also authorize my former employers to provide UConn and/or SSC any and all information regarding my past employment history, together with any information that they may have regarding me, whether or not it is on their records.

I realize that my employment/volunteer assignment(s) with UConn is conditional upon a favorable background investigation. I understand that refusal or failure to supply the information required to conduct a background check will likely affect my eligibility for employment/volunteer assignment(s).

This consent is executed with full knowledge and understanding that the information is for UConn's official use in connection with its determination of my suitability for employment/volunteer assignment(s). Consent is granted for UConn to furnish such information as described above to third parties in the course of fulfilling its official responsibilities.

SSC Information: SSC, Inc., 25 Controls Drive, Shelton, CT 06484 [backgrounds@sscintel.com](mailto:backgrounds@sscintel.com)

Last Name, First Name, Middle Name (print clearly):	Other Names Used (including maiden name):	
SSN: _____ - _____ - _____	DOB: _____ / _____ / _____ Month Day Year	
Street Address:	City, State, Zip Code:	
<b><i>Please provide previous address(es), domestic and/or foreign, if less than seven (7) years at the above address. Use additional page if necessary to list addresses covering the past seven (7) years.</i></b>		
Street Address:	City, State, Zip Code:	
Street Address:	City, State, Zip Code:	
Driver's License Number / State Issued:	Prior or Other Driver's License Number(s) / State Issued:	
Signature (sign in ink):	Date Signed:	Daytime Phone Number:

### PRIVACY ACT STATEMENT

**Social Security Number:** Your Social Security Number will only be used in order to confirm your identity for purposes of completing an accurate background investigation. Providing your Social Security number is optional; however, it will be needed to conduct a criminal background check.

**Date of Birth:** The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least forty years of age. Your date of birth is required in order to confirm your identity for purposes of completing an accurate background investigation and is not provided to the hiring official for any purpose in connection with consideration of your application for employment.

**Please do not complete the information below at this time.**

<b>HR USE ONLY</b>	Search #/Prog: _____	Dept/Program: _____
KFS #: _____	HR Initials/Date _____ / _____	Notes:

Please use this page to list any additional addresses that would cover the requested seven year period.

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Name

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Date