



**COMBINED DISCLOSURE NOTICE AND AUTHORIZATION
REGARDING BACKGROUND CONSUMER REPORTS**

Important: Please read carefully before signing.

In connection with your application for employment (including contract for services), understand that consumer reports or investigative consumer reports which may contain public record information may be obtained on you including consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims and others. These reports may include experience information along with reasons for termination of past employment. Further, understand that information from various Federal, State, local and other agencies which contain your past activities will be requested. A consumer report containing injury and illness records and medical information may be obtained only after a tentative offer of employment has been made. Said consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment with the employer.

Upon timely written request of the undersigned to the Client Services Department of the Research Foundation of CUNY, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you.

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting Act.

Your offer of employment is contingent upon the results of the background investigation.

AUTHORIZATION

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, courts, departments of corrections, or other persons or agencies having knowledge about you to furnish The Research Foundation of CUNY, or its vendor(s) authorized for the purpose of performing background investigations, with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

READ, ACKNOWLEDGED AND AUTHORIZED

Signature Date

The following is for identification purposes only in order for us to perform the background check:

Print your Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Social Security Number: _____

Drivers License State: _____ **License Number:** _____

Date of Birth (MM/DD/YYYY): _____ **Gender (M or F):**

Other or Former Names: _____

Professional License: _____ **State:** _____ **Type:** _____ **Number:** _____