

Rochester Institute of Technology (RIT)
Camp/Program Involving Minors Screening Authorization
Non-Director (Staff or Volunteer)
RETURN FORM TO: HUMAN RESOURCES 5th Floor Eastman Hall Fax: 585-475-7170 Email: hr@rit.edu

Program information	
Program Name:	
Supervisor Name:	Ext:
Other Dept. Contact Name:	Ext:

Last Name:	First Name:	MI:
Current Home Address:		
City:	State:	Zip:
Previous Home Address:		
City:	State:	Zip:
Other names you have used:		
*University ID Number:	**Date of Birth:	
Current or Prior RIT Student: <input type="checkbox"/> Yes (Years: _____) <input type="checkbox"/> No		

*Required if current or former student or employee

**The Age Discrimination Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. Your date of birth is required on this form 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 or to volunteer.

1. I understand that an investigative report may be generated on me that may include, but not limited to, information as to my character, work habits, performance and experience, along with reasons for termination of past employment, criminal history records from any criminal justice agency in any or all federal, state, city and county jurisdictions, state Department of Motor Vehicle/Drivers' License Records to include traffic citations and registration, military records from the National Personnel Record Center, education records including transcripts, and requests for records and information from any individual, company, firm corporation, present and/or past employers and public agencies (including the Social Security Administration and the Immigration and Naturalization Service). I fully understand that RIT and/or its agent (HireRight Inc.) may be requesting information from public and private sources about any of the information noted earlier in this paragraph, and I freely give my consent for RIT to do so.

2. I agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original. This release is valid for most federal, state and county agencies.

I hereby authorize, without reservation, any one contacted by RIT and/or their agent, HireRight Inc., to furnish the information described above.

Signature (original only Electronic Signature is not acceptable)	Date
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