

AUTHORIZATION FOR RELEASE OF BACKGROUND CHECKS

Instructions: Please print form and fill in blanks. Bring completed form to Darlene Bordelon, Room 4.224 in School of Health Professions. Please bring a valid form of identification. Acceptable forms of identification are listed below.

Name: _____

Student ID #: _____

I, _____, authorize Academic & Student Affairs to provide me with a copy of my background check. I further authorize the release of my Social Security number to Acxiom, if required, to release my background check to the Academic & Student Affairs office. I understand that I must provide a picture form of identification (UTMB student ID, drivers license or other form of government ID) in order to receive a printed copy of my background check from the Office of Academic & Student Affairs.

Student Signature

Date

Office Use Only:

Date(s) of background checks provided: _____

Provided by

Date