

STEPS FOR LIVE SCAN FINGERPRINTS

1. Applicants will need to go to Bursar's Office @ University Hall and pay the FEE in the amount of \$55.00 for a nationwide background check (KEEP RECEIPT TO SHOW) (price change effective as of 08/13/13)

2. Go to RiverPark University Police Office, 1013 Broadway
 - a. Tuesday & Thursday, 9am to 3pm (Hours subject to change)
 - b. Need identification (driver's license, passport)

3. Fill out the disclosure/Release/Authorization Form

4. Show receipt from Bursar's Office for payment made

5. Applicants will need to advise for which department or whom to send results to.
 - Results will be sent within 72 hours to designated department/person
 - Scanning will only be completed at designated times
 - Identification issued by State is required
 - If subject has an alien/green card they will need to provide their alien/green card number (Mandatory)

If you want a copy of your background check, please tell Sgt. Mayo. The SAFE office cannot release your check after we receive it.



DISCLOSURE/RELEASE/AUTHORIZATION FORM

- 1. By this document Columbus State University Police discloses to you that a consumer report may be obtained for employment purposes as part of the pre-screening background check and at any time during your employment or affiliation.
2. This shall authorize the procurement of a consumer report by a credit reporting agency or other sources as part of the pre-screening background investigation. If accepted, this authorization shall remain on file and shall serve as an ongoing authorization for the named employer or its associates or other sources to procure consumer reports at any time during my affiliation or employment period.
3. I also authorize the procurement of an investigative consumer report and understand that it may contain information about my employment and educational background, criminal history, credit, workers comp claims, mode of living, character and personal reputation. I also understand you may make use of the internet including social networking sites. I understand that I have the right to obtain additional disclosure as to the nature and scope of the investigation upon written request within a reasonable period of time and to obtain a copy of the report upon request. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.
4. In connection with this request, I authorize all corporations, companies, former employers, supervisors, credit agencies, educational institutions, criminal justice agencies, which includes city, county, state and federal governments, state motor vehicle bureaus and persons to release information they may have about me to the person or company with which this form has been filed if required, or their agent. I further authorize you to secure an investigative consumer report at any time, and any number of times, before, during and after my employment, if in the company's (or its designees) discretion, it has a legally permissible and legitimate business need for the information requested.

I release and hold harmless all parties involved from any and all liability for damages arising from requesting, procuring or furnishing the requested information except with respect to a violation of the Act. I authorize the employer and it's agent/credit reporting agency and all associated entities and its clients to receive any criminal history information or credit report pertaining to me in the files of any state or local criminal justice agency.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____



COLUMBUS STATE UNIVERSITY

University Police Department

Last Name: _____ First Name: _____

Middle Name: _____ Suffix (Mr. Mrs. Miss etc.) _____

Social Security Number _____ / _____ / _____ Date of Birth _____

Driver's License # _____ State _____

Race: _____ Sex: _____ Eye Color: _____ Hair Color: _____ Height: _____

Weight: _____ Country of Citizenship: _____ Place of Birth: _____

Current Address _____

City/Town _____ Zip Code _____

Applicant's Signature _____

Print Name _____

Date _____

(All areas MUST be completed before a nationwide Finger Print check is completed.)

FOR OFFICIAL USE ONLY:	
DATE RECEIVED: _____	DATE PROCESSED: _____
RECEIPT # FROM BURSARS OFFICE: _____	
BATCH ID: _____	
INFORMATION RECEIVED DATE: _____	