

## DISCLOSURE REGARDING CONSUMER REPORTS

Please be advised that one or more consumer reports may be obtained by the University of Rio Grande (the "University") for employment purposes prior to any offer of employment and prior to employment decisions including decisions regarding promotion, reassignment or retention as an employee.

These consumer reports may also include investigative consumer reports, including information obtained through interviews and concerning your character, general reputation, personal characteristics, and mode of living. If the University obtains an investigative consumer report, you may request in writing a written summary of your rights under the Fair Credit Reporting Act and a complete and accurate disclosure of the nature and the scope of the investigation requested in the investigative consumer report.

### CONSENT

#### (PLEASE READ CAREFULLY BEFORE SIGNING)

I hereby authorize the University of Rio Grande to obtain consumer reports, including investigative consumer reports, concerning me for employment purposes at all times during the pendency of my employment application and, if I am hired, throughout the duration of my employment period. If I am hired, this authorization shall remain on file and shall serve as ongoing authorization for the University to procure consumer reports, including investigative consumer reports, for lawful purposes at any time during my employment period.

I hereby authorize any present or former employers, consumer reporting agencies, educational institutions, criminal justice agencies, departments of motor vehicles, public agencies, financial institutions, or any other person or agency having knowledge of me to relate information or opinions about me, including data received from other sources, in order that I may be evaluated for employment purposes. I hereby release these persons, agencies, and the University from any and all liability for damages of whatever kind or nature, whether known or unknown, which may at any time accrue to me on account of information obtained pursuant to this authorization. A copy of this authorization shall be valid as an original.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number