

**AUTHORIZATION FOR BACKGROUND VERIFICATION**

I, \_\_\_\_\_, authorize Heritage University to conduct a background investigation, including personal and professional background, criminal background check, educational transcripts, and driving records.

I hereby release any current or former employers or institutions, their agents or employees, from any and all liability resulting from the release of such information.

I agree to waive any claim or cause of action relating to such release of records and promise to defend and hold harmless Heritage University, its officers and employees, from any claim or loss rising from such release. My authorization and release from liability are voluntary acts.

It is my intention that any copy of this authorization be as effective as the original.

Signature: \_\_\_\_\_

Print Full Name: \_\_\_\_\_

Gender:     Female     Male

S.S. #: \_\_\_\_\_

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

Driver's License Number: \_\_\_\_\_

State: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

*You may request a copy of the Washington State Patrol's (WATCH) response from the Human Resources Office once the report has been received.*