



**California University of Pennsylvania**  
**Employee Background/Clearance Registration**

|                                     |              |                         |                |                               |                   |
|-------------------------------------|--------------|-------------------------|----------------|-------------------------------|-------------------|
| <u>Last Name</u>                    |              | <u>First Name</u>       |                | <u>Middle Name</u>            |                   |
| <u>Social Security Number (SSN)</u> |              |                         |                | <u>Country of Citizenship</u> |                   |
| <u>Date of Birth</u>                |              | <u>City of Birth</u>    |                | <u>State of Birth</u>         |                   |
| <u>Sex</u>                          | <u>Race</u>  | <u>Height</u>           | <u>Weight</u>  | <u>Eye Color</u>              | <u>Hair Color</u> |
| <u>Driver's License Number</u>      |              |                         | <u>Address</u> |                               |                   |
| <u>City</u>                         | <u>State</u> | <u>Zip Code</u>         | <u>Email</u>   | <u>Phone #</u>                |                   |
| <u>Alias Last Name</u>              |              | <u>Alias First Name</u> |                | <u>Alias Middle Name</u>      |                   |

**Carefully read this authorization to release information about you; sign and date it in ink.**

I authorize California University of Pennsylvania, or other duly accredited representative of California University of Pennsylvania, conducting my background investigation, to obtain any information relating to my activities from criminal justice agencies. This information may include criminal history record information.

I authorize custodians of records, and other sources of information pertaining to me, to release such information upon request of California University of Pennsylvania, or other duly accredited representative of California University of Pennsylvania. I understand that the information released by record custodians and sources of information is for official use by California University of Pennsylvania solely for employment purposes.

Signed copies of this authorization are as valid as the original release.

\_\_\_\_\_  
Signature in Ink

\_\_\_\_\_  
Date Signed

***Please return this form to the Department of Human Resources in Dixon Hall.***

**California University of Pennsylvania**  
**Dixon Hall, Room 408**  
**250 University Avenue**  
**California, PA 15419**