

TEXAS LUTHERAN UNIVERSITY
AUTHORIZATION AND RELEASE FOR
CRIMINAL HISTORY INVESTIGATION

****Requested by:** _____
(Please list Department Name and Contact)

APPLICANT TO COMPLETE THE FOLLOWING:

In connection with my application for employment, or in my position as a volunteer or student, I _____, understand that as directed by university policy and consistent with the job described; Texas Lutheran University will obtain a criminal history report as part of its pre-employment background check. I hereby authorize, without reservation, any law enforcement agency, institution, or information service bureau contacted by Texas Lutheran University, or its agent, to furnish the information described above.

I release all respondents from any liability for releasing information. I understand that Texas Lutheran University and its agents are not responsible for the accuracy or the information contained in any criminal history report. I release Texas Lutheran University and its agents from all liability, claims, and lawsuits with respect to the information obtained from any or all of the sources consulted in the investigation.

I understand that this authorization is not an offer for employment by Texas Lutheran University, and that any false or misleading information I have provided to Texas Lutheran University may result in a refusal to hire, promote, reassign, or continue employment.

Signature TLU ID# Date

Email Address Date of Birth Social Security Number

Mailing Address City ST Zip

Drivers License # ST Exp Date

Office Use Only
Received by:

Signature Date

Printed Name