



Human Resources & Payroll
4400 University Drive, MS 3C3, Fairfax, Virginia 22030
Phone: 703-993-2600; Fax: 703-993-2601

**BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM
[FOR EMPLOYMENT PURPOSES - MINORS]**

The applicant for employment acknowledges that this company may now, or at any time while employed, verify information within the application, resume or contract for employment. In the event that information from the report is utilized in whole or in part in making an *adverse decision*, before making the adverse decision, we will provide to you a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.*

Please be advised that we may also obtain an *investigative consumer report* including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the investigation requested.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.*, is available at the Federal Trade Commission’s web site (<http://www.ftc.gov>). For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

I understand the meaning of this Background Check Disclosure and Authorization Form, and I and/or my parents or legal guardian(s) have had the opportunity to raise any questions about it before signing it. My signature below is completely voluntary, without coercion or duress of any kind, and I am signing this Background Disclosure and Authorization Form solely as a condition for consideration of employment or continued employment.

By signing below, together with my parent(s) or guardian approval, I hereby authorize all entities having information about me, including present and former employers, personal references, criminal justice agencies, departments of motor vehicles, schools, licensing agencies, and credit reporting agencies, to release such information to the company or any of its affiliates or carriers. I acknowledge and agree that this Background Check Disclosure and Authorization Form shall remain valid and in effect during the term of my employment.

Minor Applicant Signature

Date

Minor Applicant Name

PARENT OR LEGAL GUARDIAN ACKNOWLEDGMENT AND AUTHORIZATION

The undersigned parent(s) and/or guardian(s) of the applicant/employee hereby agree with the applicable statements in this BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM. By signing below, I/we fully provide consent on behalf of my/our minor child to authorize a background check for purposes of this Background Check Disclosure and Authorization Form.

Parent Name or Guardian Signature

Date

Printed Parent or Guardian Name

Please send completed form to Human Resources via email bkground@gmu.edu, fax 703-993-2601, or mail **Human Resources & Payroll, Background Checks, 4400 University Drive, Mailstop 3C3, Fairfax, Va 22030.**