## Knox College Background Check Authorization

I hereby authorize Knox College and its designated agents and representatives to conduct a background check. I understand that the items comprising background checks include, but are not limited to: Social Security number verification; federal, state and county criminal records; national sex offender registry; driver's license verification and motor vehicle records.

I further authorize persons, schools, my current employer (if applicable), previous employers and organizations named in my application materials (including my C.V. or resume as applicable) to provide Knox College with any information it requests.

I release all such persons and entities from any liability regarding the provision or use of such information.

You may contact me as indicated below.

Print Name:				
	(middle)		(last)	(maiden)
Former Name(s) used and	dates:			
Current Address Since:				
		(Address)	(City)	(State/Zip)
Previous Address From: :		. <u> </u>		
(N	1o/Yr)	(Address)		(State/Zip)
Social Security #:			_ Date of Birth:	
Telephone #:			Gender: Mal	e / Female
Driver's License #:			State:	
Signature:			Date:	
Knox ID#:			Graduation Year:	
*******	*****	******	******	******
For Knox College Official U	se Only:			
Acknowledged by:			Date	:
Title:				