



*Human Resources*

## CRIMINAL HISTORY CONSENT FORM

I hereby authorize Mercer University to receive any criminal history record information pertaining to that which may be in the files of any state or local criminal justice agency.

\_\_\_\_\_  
Print Full Name (First, Middle, Last)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Notary Signature & Date

\_\_\_\_\_  
Date

***\*Copy of driver's license must be attached to this form.\****

*Special Employment Provision: Purpose Code "E"  
Note: This authorization is valid for 180 days from date of signature.*