



**Consent and Authorization to Obtain and Review Records**  
**THIS IS NOT A CREDIT CHECK**

A background check, which includes fingerprinting and criminal background check, is required for employees, volunteers, and associates of the University who will be working with and/or regularly interacting with minors by virtue of their position or program. If the background check reveals a relevant criminal conviction or other information relevant to the position or program at issue you may be disqualified from holding that position or participating in that program.

I hereby consent to and authorize Santa Clara University to obtain and review criminal records and dispositions received from the Federal Bureau of Investigation and/or the California Department of Justice as part of its due diligence in the review of employees, volunteers and associates who will be working with and/or regularly interacting with minors. I further understand that I am entitled to receive summaries of the contents of the reports upon request.

I hereby certify that all statements on the attached background check form are true and correct to the best of my knowledge and belief. I understand that Santa Clara University solicits this information and may solicit additional information so as to be informed of my suitability for working with or regularly interacting with minors through my employment position or participation in a program. I further understand and agree that any misrepresentation, falsification, or omission of facts by me constitute grounds for discipline, up to and including my disqualification from program participation or termination from University employment.

I declare that the fingerprints submitted are my own and that the information submitted on the Live Scan Service Form and/or fingerprint card are true, complete, and accurate. In order to verify my identity for purposes of the background investigation I am voluntarily releasing my date of birth for my own benefit and fully understand that age is not a consideration of employment, continued employment, or volunteer service. In addition, I agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_