

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

Applying For: \_\_\_\_\_

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**“AUTHORIZATION” To Obtain Criminal Background Reports for Employment Purposes**

Applicant hereby authorizes Saint Martin's University to obtain criminal background reports for employment purposes through Criminal Information Services Inc.

DOB: \_\_\_\_\_ SS  
Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Print  
Full  
Name: \_\_\_\_\_

The applicant understands that completion of this form is required before he/she can be hired.