



Authorization for Background and Sex Offender Registry Checks

- I understand that my ability to participate in any program involving children as a University employee, student or volunteer, is contingent on the receipt and evaluation of my Background Check. The terms “program” and “child” are defined in the University of Southern Indiana “Child Protection Policy,” which is available by going to <http://www.usi.edu/policies/child-protection-policy>, clicking on the Child Protection Policy link.
- I agree that in order to facilitate the required Background Check, I will provide the University my date of birth (if not currently on file). I understand that failure to provide consent or the required information will result in the denial of or termination of my participation in any program involving children.
- I understand that following the receipt of the first acceptable Background Check that supports my participation in any program involving children, the University may obtain follow-up Background Checks at any time during my participation in such programs, to the extent permitted by law, unless I specifically revoke this consent in writing. I understand that revocation of this consent may result in the immediate termination of my participation with any program involving children.
- I further understand that any information obtained from a Background Check may also be considered by the University in the course of any current or future engagement, including employment, with the University.
- I further understand that if the Background Check indicates that an outstanding warrant has been issued against me, the University will share that information with appropriate law enforcement agencies.

I have read and understand all of the information above, and by my signature below, consent to and hereby grant authorization to obtain and release of the background check reports described above to the University within the terms of this Statement.

Name (Print)

(First) (Middle) (Last)

Address _____ Telephone _____

Signature _____ Date _____

This signed Statement, in original, faxed, photocopied, or electronic form, will be valid for any such reports that the University of Southern Indiana may request.