

New Brunswick Theological Seminary Criminal Background Check Inquiry Release Form

The purpose of the criminal background check is to identify incidents of behavior that would prevent safe interactions between our students, employees, and related communities. New Brunswick Theological Seminary takes into consideration all of the application materials when making admissions decisions, yet reserves the right to deny admission based on the information obtained through the background check.

I hereby authorize Selection.com on behalf of New Brunswick Theological Seminary to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding character, general reputation, and or personal characteristics. This report may be compiled with information from court record repositories, state sexual offender registries, or databases of criminal adjudications. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verifications, to the extent such investigation includes information bearing on my character, general reputation or personal characteristics.

I understand that you may rely on any or all of the above referenced information in determining whether to extend an offer of admission to me. If you contemplate making an adverse admission-related decision that will affect me based, in whole or in part, upon a "Report" obtained from Selection.com, I will be provided a copy of the "Report" and a written summary of my Consumer Rights under the FCRA before you finalize the decision.

I have read the above disclosure and I hereby authorize Selection.com or its authorized agents to obtain the above referenced information about me. I also authorize all agencies, bureaus, employers, information services organizations and individuals to provide any of the above referenced knowledge or information they have concerning me. If I am admitted, this authorization shall remain on file and shall serve as an ongoing authorization for you to obtain "Reports" about me from Selection.com at any time during my matriculation with you.

Signature _____ Date _____

THE FOLLOWING INFORMATION IS REQUIRED TO CONDUCT THE BACKGROUND INVESTIGATION
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PRINT NAME _____

Last Name
First Name
Middle Initial
Social Security Number

PREVIOUS OR MAIDEN NAME (if applicable) _____ PHONE NUMBER _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

DRIVER'S LICENSE NUMBER _____ STATE ISSUED _____

List states and counties of residence, other than above, for the past seven (7) years:

COUNTY _____ STATE _____; COUNTY _____ STATE _____; COUNTY _____ STATE _____

FOR IDENTIFICATION PURPOSES ONLY: Date of birth _____

My prospective Seminary understands age to be a protected characteristic and the information requested will not be used as the basis for any admissions decision.

Notice to Applicants Living in CA, OK or MN

By checking this box, I request to receive a free copy of any Report ordered on me.

Email address: _____ **

** By entering my email address, I authorize Selection.com to deliver my Report via email

Notice to California Residents:

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by Selection.com during normal business hours. You may also obtain a copy of this file, either in person or by mail, by submitting proper identification and paying the costs of duplication services. You may also receive a summary of the file by telephone by being able to provide adequate identification as to allow Selection.com to determine with reasonable certainty that you are the subject of the report. Selection.com is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, another person of your choice may accompany you, providing that this additional person furnishes proper identification.

***** IF FAXING OR EMAILING REQUEST, THIS SECTION **MUST** BE COMPLETED BY SEMINARY FOR PROCESSING *****

Customer Number _____ Location or Store Number _____ Date Submitted _____

Contact Person _____ Phone Number _____ Position Applied For _____

Combined Report: _____

Individual Reports: _____

Criminal Convictions County(s) and state(s) _____ Other: _____