VIRGINIA STATE UNIVERSITY Criminal History Record Request

DEPARTMENT USE ONLY:

DEPARTMENT DATA	POSITION TYPE
Department Name:	Faculty Fac. Adm. Fac. Adj
Mailing Address:	Classified
Contact Name:	Hourly
Location:	Student Graduate Asst.
Phone Ext:	Other (Temp).

Office of Human Resources

	DATE:			
Last Name	First Name	Middle Name		
Street	City	State	Zip Code	
Sex:	Race:	Social Security Number:		
Date of Birth	Place of Birth (County or City	/ State or Country)		
Have you lived in the Sta	te of Virginia for the past (7) seven years:	: T YES	□ NO	
If you have been known p	previously by a different name(s), include	name(s) here:		
Last Name	First Name	Midd	Middle Name	
	AFFIDAVIT FOR RELEASE OF of my employment, Virginia State University will con-			
& Crimes Against Minors Regist	ry Check.			
Print Name	Signature of A	Signature of Applicant		
Position Number:	Position Title	Position Title:		

NOTE: Applicants who decline to complete this form will be denied the interview and will receive no further consideration for the position. Information received regarding the Criminal History Record and Sex Offender & Crimes Against Minors Registry search may void your offer of employment and/or contract.

Revised Date: January 10, 2014