

AUTHORIZATION TO CONDUCT

CRIMINAL HISTORY RECORD INVESTIGATION

**All fields must be completed by department requestor. Incomplete forms cannot be processed.**

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| --- | --- | --- | --- | --- | --- |
| **\*HIRING DEPARTMENT INFORMATION\*** | | | | | |
| **Job Title** |  | | | **Position Number** |  |
| **Posting Number** |  | | | **Cost Center** |  |
| **Department** |  | | | **College** |  |
| **Division** |  | | | | |
| **Department Contact** | | |  | | |
| **Department Contact Email** | | |  | | |
| **\*CANDIDATE INFORMATION\*** | | | | | |
| **Candidate Name** | |  | | | |
| **Candidate Email** | |  | | | |
| **CLEARANCE TYPE**  **Employment Only**  **Student Worker**  **Procurement/Travel Card Clearance Only**  **\* Employment & Procurement/Travel Card Clearance**  \* *If a new employee will obtain a Procurement/Travel Card within six months of hire a clearance for both should be requested* | | | | | |