



**LCC Background Check Authorization**

I hereby authorize Lower Columbia College, its employees, agents, professional investigators, or any representative of the above named College, to perform investigations into my background, past behavior, character, and reputation.

Investigative reports may include criminal history or arrest records, workers' compensation histories, motor vehicle records, employment and unemployment records, military records, or other sources of information.

I authorize custodians of the records of any agency or company as described herein to release such information upon request of any investigator, agent, or representative of the College named above. I understand that any or all of these investigations or inquiries can be performed prior to my employment or during employment if part of a just cause investigation or pursuant to a collective bargaining agreement.

**EMPLOYMENT** – I authorize all former and current employers to release any and all information regarding my employment history. This includes all information contained in my personnel file, salary history, condemnations, and all other pertinent information. I further authorize my supervisors and other work associates to disclose their opinions and observations of my work habits, qualities, competency, and skills. Furthermore, I authorize full disclosure of any and all substance abuse testing results.

I understand that the information requested is for the use by the College named above and may be re-disclosed only as authorized by law. I understand that I have the right to request from the College a written disclosure of the nature and scope of the investigation conducted that I authorized above if: (1) Any adverse action/decision is made based on the information in the consumer report & (2) If the request is made in writing within 60 days of the adverse action. If an Investigative Consumer Report has been conducted, I will be notified in writing within five days of receipt of my request for said report.

I understand I have the right to request from the consumer reporting agency a written summary of my rights and remedies under the Washington Fair Credit Reporting Act.

I believe to the best of my knowledge that all information I have provided is accurate, true, and correct and that I fully understand the terms of this release. I indemnify, release and hold harmless the College, any agents of the College, or others reporting to or for the College, any investigators, all former employers, reporting agencies, and all those supplying references and character references, from any and all claims, defamation, demands, and/or liabilities arising out of, or related to, such investigators, disclosures, or admissions.

Copies and facsimile transmissions of this authorization that show my signature are as valid as the original release signed by me.

\_\_\_\_\_  
**Applicant Full Name (Printed)**    **Social Security #**    **Date of Birth**

\_\_\_\_\_  
**Other Names Used**

\_\_\_\_\_  
**Current Address**    **City**    **St**    **zip**

\_\_\_\_\_  
**Other Counties/States lived in the Past 7 Years**

\_\_\_\_\_  
**Driver's License #**    **State Issued**    **Exp. Date**

\_\_\_\_\_  
**Applicant Signature**    **Date**

**Requesting Supervisor/Department:** \_\_\_\_\_  
**(Internal use)**