

Virginia State University Criminal History Record Request

Date: _____

Office of Human Resources

Last Name

First Name

Middle Name

Street

City

State

Zip Code

Sex:

Race:

Date of Birth:

Place of Birth (County or City)

Place of Birth (State or Country)

Social Security Number: _____

If you have been known previously by a different name(s), include name(s) here:

Last Name

First Name

Middle Name

AFFIDAVIT FOR RELEASE OF INFORMATION

I understand that as a condition of my employment, Virginia State University will conduct a Criminal History Record and Sex Offender & Crimes Against Minors Registry Check.

Signature of Applicant

Position Number: _____ 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.