



Authorization to Conduct Pennsylvania State Criminal History Check

Please enter the information requested below (please print):

First Name: _____

Middle Name: _____

Last Name: _____

Social Security #: _____

Date of Birth: _____

Optional Demographic Data:

Sex: Male _____ Female _____ Unknown _____

Race: White _____ Asian _____ African American _____
American Indian _____ Unknown _____

Other names used (for example: aliases and/or maiden name):

First	Middle	Last
_____	_____	_____
_____	_____	_____
_____	_____	_____

By signing below, I acknowledge that as a PA State employee I am mandated to report any arrest and/or conviction of a reportable offense under Pennsylvania Child Protective Services Law, 23 Pa.C.S. §6344(c), WITHIN **72 HOURS**, to the Office of Human Resources, Associate VP Lynne Motyl, Room 205 Old Main, 724-738-2070. I also hereby authorize Slippery Rock University to conduct a Pennsylvania State Criminal History check and receive the results of this check to determine my suitability for employment.

Signature

Date