



**CONFIDENTIAL**

**PA State Police Criminal Record Check Authorization Form**

Print Name:	
Aliases and/or Maiden Name(s):	1.
	2.
	3.
Physical Address:	
Social Security Number:	
Date of Birth:	/ / (mm/dd/yyyy)

The information contained in this authorization form is correct to the best of my knowledge. I hereby authorize Susquehanna University and its designated agents and/or representatives to conduct a Pennsylvania State Police Criminal Record screening on my behalf.

Susquehanna University and its designated agents and/or representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Applicant/Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_