University of Oregon
Credit Bureau Report Authorization

Please type or print legibly name as it appears on your driver's license.

FROM

NAME: University of Oregon

DIVISION: Human Resources

PHONE: 541-346-2977

FAX: 541-346-2548

PERMISSION TO CHECK CREDIT

TO: Information service bureaus (Credit Bureaus)

You are hereby authorized, without reservation, to release to the University of Oregon or its agents all information regarding my CREDIT records. I understand that my credit report may be used for employment purposes. I understand that this document shall be kept on file and may be used at any time during my employment to procure a credit report. I hereby agree that a photographic copy or a telephonic facsimile of this document shall be valid for all purposes present or future.

(Please Print)

_____

First Middle Last

_____

Address

_____

Street # Street Name City State ZIP

DOB:_____/_____/_____ SSN:_____-_____-_____

_____

Signed Date

_____

Witness to signature Date

University of Oregon

Employer

Department: _____ Position to be filled:_____ Position Type_____

Contact Person:_____ Phone:_____ E-mail:_____