# DISCLOSURE FOR CONSUMER REPORTS

In connection with my application for employment (including contract services) with Southern University of New Orleans, I understand consumer reports will be requested by Southern University of New Orleans ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, work experience, education, accidents, licensure, credit (as allowed by law – where required, you will be presented with additional disclosures), etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record (which will include all or part of the following personal information: photograph, social security number, driver's license number, your name, your address and medical or disability information), workers' compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

If I am hired, I understand that Southern University of New Orleans may obtain consumer reports throughout my employment or contract period.

Acknowledged:

_____ _____/_____/_____

Signature Date

_____

Printed Full Name

# AUTHORIZATION

**I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Southern University of New Orleans ("Company") and its consumer reporting agency Tracepoint, LLC ("Agency"). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Southern University of New Orleans to procure such reports at any time during, as permitted by law, my employment or contract period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above- mentioned information.**

In connection with my application for employment, I direct the following regarding my current employer: (please check one). Yes, my current employer may be contacted_____ / No, my current employer cannot be contacted _____

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the FCRA Summary of Rights_____(initials).

I authorize Southern University of New Orleans and Tracepoint, LLC to use email communication with me to provide me with notices and information regarding any report or use of such report. If I do not have an email address or do not wish to share it, then communication will be by U.S. Mail, which will result in slower communication.

If you have any questions concerning this background screening content, please contact: Tracepoint, LLC at (504) 284-2285.

Printed Full Name: _____

Signature: _____

Date:_____/_____/_____

Email:_____

Mailing Address:_____

City:_____State:_____Zip Code: _____

For identification purposes:

Social Security No.:_____; Date of Birth: _____

Driver's License No.:_____; State of Issue: _____

Other Names Used: _____

## INFORMATION REGARDING YOUR RIGHTS

I understand that I have the right to make a request to the consumer reporting agency: Tracepoint, LLC ("Agency"), 641 N. Alexander Street, New Orleans, LA 70119, telephone number (504) 284-2285, upon proper identification, to obtain copies of any reports furnished to Southern University of New Orleans by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information. The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: www.tracepointllc.com.

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me.

**Check here:** □

**Personal information** in driving records includes information that identifies you, such as your photograph, social security number, driver's license number, your name, your address, your telephone number and medical or disability information relating to any license restrictions. **Highly restricted personal information** includes your photograph or image, social security number, medical or disability information relating to any license restrictions. 18 U.S.C. §2725.

Acknowledged:

_____ _____/_____/_____

Signature Date