

Parental Consent for Minor Background Check

This form must be completed by a parent or legal guardian

A minor, (name) _____, is applying for a position at CWU.

I, _____ parent or legal guardian, consent and authorize CWU and its authorized agents, **HireRight** Background Checks, to conduct a background search on the above-referenced minor. As the parent or legal guardian, I understand the purposes of **this background check** and hereby provide my consent for the background check.

I further understand that an investigative consumer report concerning me may include information about my character, general reputation, personal characteristics and mode of living. Under Federal Trade Commission, Fair Credit Reporting Act, and Federal and State Law, I am entitled to receive a free copy of any consumer report containing public information obtained directly by the employer; or all of the information obtained by the investigative reporting agency within five days of the time the report is released to the employer along with a copy of "Your Rights Under the Fair Credit Reporting Act." State and Federal laws also require the employer to give me notice, if adverse action is taken based upon the contents either wholly or partly because of information contained in an investigative consumer report, along with a copy of the investigative report. I understand I have the right to dispute directly with the consumer reporting agency any findings within any investigative report, if the dispute is made in writing by me within 60 days of the date of the adverse action.

I understand that the information you may release is personal and confidential so, I release CWU, the persons, individuals, companies, corporations and entities, as well as **HireRight**, from any liability for obtaining and providing any and all such information for the purpose of preparing this personal information for CWU **background** evaluation only.

I have read the foregoing and agree to be bound by the terms of this authorization and release.

PLEASE PRINT CLEARLY.

Print Name of Parent or Legal Guardian

Relationship to Minor

Minor's Date of Birth (for identification purposes only)

Parent or Legal Guardian Telephone Number

**I have read this Authorization and Consent for Release of information
and fully understand the terms of this release:**

Signature of Parent or Legal Guardian

Date

Signature of Minor Applying

Date

Please complete and return to:

CWU • Attn: Student Employment • 400 E University Way, Mail Stop 7425 •
Ellensburg, WA 98926 E-mail: seo@cwu.edu • Fax: (509)-963-1733