

THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO
Office of Human Resources

AUTHORIZATION FOR SECURITY BACKGROUND AND SANCTION CHECK

Notice About Information Laws and Practices

With few exceptions, you are entitled on your request to be informed about the information The University of Texas System collects about you. Under Sections 552.021 and 552.023 of the *Texas Government Code*, you are entitled to receive and review the information. Under Section 559.004 of the *Texas Government Code*, you are entitled to have U. T. System correct information about you that is held by us and is incorrect, in accordance with the procedures set forth in The University of Texas System Business Procedures Memorandum 32. The information that U. T. System collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the *Texas Government Code*) and rules. Different types of information are kept for different periods of time.

A. THIS SECTION IS TO BE COMPLETED BY THE DEPARTMENT. SEND FORM TO HUMAN RESOURCES AFTER BOTH SECTIONS A AND B ARE COMPLETED.

Job Title
of Position: _____

Job Code: _____

Department
Name: _____

Department
Contact Person: _____

Department
Phone Number: _____

Authorized Signature
for Department: _____

B. THIS SECTION IS TO BE COMPLETED BY THE JOB CANDIDATE

Print all information requested. Falsification of any information on this form will void your application for employment or approval for non-employee services and any actions based on it. The information submitted by you for consideration for employment or non-employee services, is the property of The University of Texas Health Science Center.

Name: _____
LAST FIRST MIDDLE

List any former names used: _____

Driver's License No. & State: _____ Date of Birth: _____

Out of State Address and Dates of Residency for the Past Ten Years (attach sheet if necessary):

I hereby authorize any law enforcement agency to furnish The University of Texas or its agent information related to my criminal history. I hereby release UT System and all its agents and employees, the law enforcement agency and all employees of law enforcement agencies furnishing information, from all liability resulting from the furnishing of this information to the UT System. I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements made herein will void my Application for Employment or appointment of non-employee services and any actions based on it. I further understand that completion of this form and the security background and sanction check does not constitute an offer of employment.

SIGNATURE _____

DATE _____