

Information / Disclosure Release

Form Please Print Legibly

Full Name: Last	First	Middle			N	laiden/Ot	her names used	
Race Sex	Social Securit	-	Email Address		Phone Number		ne Number	
Position in which Applying List all places of residence for the p		(Print	Driver's License Number (Print clearly) past seven (7) years, beginnir		State Issued	Date of Birth our current address: (attach a list of others)		
Street Address		City		ounty	State	Zip Code	From - To	
religion, national	origin, citizensl	nip status, poli	tical affiliation, o	r disab	ility.		without regard to race, sex	_
am hired. I further a any personal inform	authorize any for nation they may heir respective o	mer employer, have regarding r officers, director	person, firm, corpo me. In consideratio s, employees, ager	oration, on of the ots, and	credit age review o all persor	ency, admin of my emplo ns, agencies	ords and periodic/continual re istrative body, or a governme yment application by Louisbu , and entities providing inform	nt agency to give rg College, I releas
questions change ei	ither before or a	fter employmen on this applicati	t, I will notify Hum on supplement or	ian Reso failure t	ources in v o update	vriting imm this supple	ree that if any information or a ediately. I acknowledge that fa ment with accurate and comp	ailure to provide
requests in writing I	Louisburg College	e, Human Resou	irces Department,	501 N. N	Main Stre	et, Louisbur	tion contained in a consumer r g, NC 27549, or call 919-497-3 by of the FCRA "Summary of M	3309 to obtain a
 Candidate's Signa	ture				 Date			