

To: Indiana University of Pennsylvania
Human Resources Office

From: _____ (Faculty Member/Employee)

Date: _____

**RE: Background and Credit/Consumer Record Authorization
REVOCATION OF AUTHORIZATION**

On or about _____ (date) I signed a document authorizing Justifacts (CBY, Justifacts or other third party) to investigate my background for employment purposes.

Please be advised that I herein **REVOKE** that authorization in part.

Specifically, I **REVOKE** any authorization granted to Justifacts (third party) to undertake any investigation seeking information related to my character, credit history, mode of living, use of social media, general reputation, personal characteristics, motor vehicle/driving records, workers' compensation history, military record or educational background or any information not consistent with the authorization below.

Justifacts (third party) has my authority only to obtain the following:

1. A criminal history record check from the Pennsylvania State Police (PSP) or statement from the PSP that I have not been convicted of a reportable offense.
2. A Certification from the Pennsylvania Department of Human Services as to whether I have been named in the statewide database as a perpetrator in a pending child abuse investigation or in a founded or indicated report of child abuse within the last five years.
3. A federal criminal history record check from the Federal Bureau of Investigation for the purpose of verifying my identity and obtaining a current record of any criminal arrests and convictions. I will agree to submit a full set of fingerprints to obtain this report.

The authorization granted herein is for the purpose of obtaining criminal background and child abuse records consistent with 23 Pa.C.S. §6344. This authorization will remain valid until I am no longer employed by the Pennsylvania State System of Higher Education.

Date

Signature