Authorization to Release Information

Privacy Notice	The State is requesting your Social Security number under authority of IC 4-1-8 to accomplish statutory purposes. Disclosure is mandatory and this form cannot be processed without it	Social Security Number

Equal Employment Opportunity Information

The following information is requested in order to ensure equal employment opportunity and for record keeping purposes only. Disclosure is completely voluntary. Your application will not be rejected if you choose not to disclose the requested information. If you choose to disclose the following information, it will not be used to discriminate against you in the employment process.

Part 1 – Race

Check One:

☐ White ☐ Hispanic ☐ Asian or Pacific Islander

☐ Black ☐ American Indian or Alaskan Native ☐ Other (specify)_____

Part 2 – Sex (Gender)	Part – 3 Age
Check One: ☐ Male ☐ Female	Are you over 40? ☐ Yes ☐ No

Part 4 – Disability

The government defines an individual with a disability as any person who:

1. has a physical or mental impairment that substantially limits one or more major life activities (e.g. seeing, hearing, working);
2. has a record of such impairment; or
3. is regarded as having such an impairment.

In accordance with this definition, do you regard yourself as an individual with a disability? ☐ Yes ☐ No

I, (please print clearly)_____, hereby authorize any person or entity, public or private, having any information concerning my background, including but not limited to, criminal law violations, education records, driving record, state tax records, employment records, professional licenses and disciplinary matters to release such information to a state agency. This information is to be used for possible employment with the State of Indiana.

I understand that if the State requests a national check of the Criminal History Records Information Database, I have the following rights:

- to obtain a copy of any background check report; and
- to challenge the accuracy and completeness of any information contained in any such report and obtain prompt determination as to the validity of such challenge before a final determination is made by the State of Indiana.

I further authorize, intend and understand that this release of information shall continue and remain in full force and effect at all times during my employment with the State and may be used at any time during my employment with the State.

Signature	Date
Street Address	Date of Birth
City, State, Zip Code	Telephone Number
Driver's License No. and State	Driver's License Expiration Date
Other Name(s) Used	