



SUNY Upstate Medical University
Human Resources Department
750 E. Adams Street, Syracuse, New York 13210

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

SUNY Upstate Medical University may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report”. These reports may contain information regarding your criminal history, social security verification or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report from the consumer reporting agency. You will also be informed if the University uses any information in the consumer report to take adverse action against you. Please be advised that the consumer report obtained with regard to applicants for employment is conducted by: Commercial Investigations LLC
622 New Loudon Road, Suite 201, Latham, NY 12210; Toll-free number: (800)284-0906;
Fax: (212)937-3858 ; www.commercialinvestigationsllc.com

Authorized Party's Signature

Date



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ACKNOWLEDGMENT AND AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK

I acknowledge receipt of the document DISCLOSURE REGARDING BACKGROUND INVESTIGATION (included above) and of the separate document entitled A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the University at any time after receipt of this authorization. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, or information service bureau, to furnish any and all background information requested by: Commercial Investigations LLC, 622 New Loudon Road, Suite 201, Latham, NY 12210. Toll-free number: (800) 284-0906, Fax: (212) 937-3858 www.commercialinvestigationsllc.com and/or the Employer itself. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

Legal Name: _____
(Please print) Last First Middle Maiden

Other Name(s) used for any purpose, if different than above:

Last First Middle

Social Security Number: _____ - _____ - _____ **Date of Birth:** _____

Current Address: _____
Street

City State Zip Code County

Previous addresses – from 18 years old to present (use other side if necessary).

Street	City	State	Zip	County	From	To
					Dates	
					From	To
Street	City	State	Zip	County	Dates	
					From	To
Street	City	State	Zip	County	Dates	
					From	To
Street	City	State	Zip	County	Dates	

New York applicants: Upon request, you will be informed whether or not a consumer report was requested by the University, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing, you acknowledge receipt of Article 23-A of the New York Correction Law.

_____ Date: _____
Authorized Party’s Signature

