



Office of Human Resource Management

Notification and Authorization for Release of Information for Educational Background Check

Please Print or Type

Name of Applicant: _____

Other Names Used as Student: _____

Social Security Number: _____ Birthdate: _____

School of Awarded Degree: _____

Awarded Degree: _____ Major(s): _____

Date of Awarded Degree: _____

Additional School(s) of Awarded Degree: _____

Additional Awarded Degree(s): _____

Additional Major(s): _____

Additional Date(s) of Awarded Degree: _____

Comments:

Authorization: I hereby certify that all the information provided by me, whether on this document or not, is factual. I understand that any misrepresentation or inadvertence of information shall be grounds for refusal to hire, or if hired, termination. I hereby authorize without reservation, any Human Resource Management employee of LSU Health Sciences Center – New Orleans for such purposes to furnish the above mentioned information.

Print Full Name Signature Date