



**Authorization to Conduct Pennsylvania State Criminal History Check**

Please enter the information requested below (please print):

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Optional Demographic Data:

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Unknown \_\_\_\_\_

Race: White \_\_\_\_\_ Asian \_\_\_\_\_ African American \_\_\_\_\_  
American Indian \_\_\_\_\_ Unknown \_\_\_\_\_

Other names used (for example: aliases and/or maiden name):

First	Middle	Last
_____	_____	_____
_____	_____	_____
_____	_____	_____

By signing below, I acknowledge that as a PA State employee I am mandated to report any arrest and/or conviction of a reportable offense under Pennsylvania Child Protective Services Law, 23 Pa.C.S. §6344(c), WITHIN **72 HOURS**, to the Office of Human Resources, Associate VP Lynne Motyl, Room 205 Old Main, 724-738-2070. I also hereby authorize Slippery Rock University to conduct a Pennsylvania State Criminal History check and receive the results of this check to determine my suitability for employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date