

Candidate Background Check Consent Form for Interns

Please complete this form to authorize the background verification process required for your internship placement. This form is designed to be printed and filled out or completed digitally for printing.

1. Candidate Information

First Name:

Middle Name (if applicable):

Last Name:

Date of Birth (MM/DD/YYYY):

Social Security Number / National Identification Number:

Phone Number:

Email Address:

Current Residential Address:

City, State, Zip/Postal Code:

University or College Name:

2. Disclosure and Authorization

I hereby authorize the organization and its designated agents to conduct a background check to verify my education, criminal history, and any other relevant background information for the purpose of evaluating my eligibility for an internship.

I understand that this background check may include, but is not limited to, a review of public records, criminal records, and academic credentials. I release all parties from any liability for damage that may result from providing this information.

3. Acknowledgment and Consent

By signing below, I acknowledge that I have read and understood this consent form, and I voluntarily authorize the background check process.

Candidate Handwritten or Typed Signature:

Date of Consent (MM/DD/YYYY):