

**NOVA SOUTHEASTERN UNIVERSITY**

**EMPLOYEE RELEASE OF INFORMATION WAIVER**

I, \_\_\_\_\_ in accordance with Senate Bill 489,  
(Print Employee Name)  
hereby give \_\_\_\_\_ permission to search its files  
and release to my employer, NOVA SOUTHEASTERN UNIVERSITY, information  
found. I realize this search is a routine matter for all employees.

\_\_\_\_\_  
(Signature of Employee)

\_\_\_\_\_  
(Date)

If your employment is denied as a result of the findings of this background check,  
you have the right to appeal the decision.

\_\_\_\_\_  
*(Please Print)*

**Full Name:** \_\_\_\_\_

**Sex:**             Male             Female

**Race:**             Black             American Indian/Alaskan Native  
                   Hispanic         Asian/Pacific Islander  
                   Caucasian

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

**Current Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Name & Address of Facility:** NOVA SOUTHEASTERN UNIVERSITY

\_\_\_\_\_  
(Department Name)  
3301 College Avenue-Fort Lauderdale, FL 33314