

# University of Oregon Credit Bureau Report Authorization

*Please type or print legibly name as it appears on your driver's license.*

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## FROM

NAME: University of Oregon

DIVISION: Human Resources

PHONE: 541-346-2977

FAX: 541-346-2548

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## PERMISSION TO CHECK CREDIT

### TO: Information service bureaus (Credit Bureaus)

You are hereby authorized, without reservation, to release to the University of Oregon or its agents all information regarding my CREDIT records. I understand that my credit report may be used for employment purposes. I understand that this document shall be kept on file and may be used at any time during my employment to procure a credit report. I hereby agree that a photographic copy or a telephonic facsimile of this document shall be valid for all purposes present or future.

*(Please Print)*

\_\_\_\_\_  
First Middle Last

\_\_\_\_\_  
Address

\_\_\_\_\_  
Street # Street Name City State ZIP

DOB: \_\_\_ / \_\_\_ / \_\_\_ SSN: \_\_\_ - \_\_\_ - \_\_\_

\_\_\_\_\_  
Signed Date

\_\_\_\_\_  
Witness to signature Date

\_\_\_\_\_  
University of Oregon

Employer

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Department: \_\_\_\_\_ Position to be filled: \_\_\_\_\_ Position Type \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_