

**Request for Review of Self-Disclosure Form**  
***MUST INCLUDE SELF-DISCLOSURE FORM***

**FROM:** \_\_\_\_\_ **CONTACT #:** \_\_\_\_\_

**TO:** HRSS -Background Checks (814) 863-4267 **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Number of pages transmitted including cover page:** \_\_\_\_\_

**Name on Background Check:** \_\_\_\_\_

**Sup Org:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Please check all that apply:**

<input type="checkbox"/>	Current Employee
<input type="checkbox"/>	New Faculty/Staff/Tech. Serv.
<input type="checkbox"/>	Part-time Employee
<input type="checkbox"/>	Graduate Assistant/Post Doc.
<input type="checkbox"/>	Intern/Visiting Scholar

<input type="checkbox"/>	Volunteer
<input type="checkbox"/>	Independent Contractor
<input type="checkbox"/>	Authorized Adult
<input type="checkbox"/>	Driving Required
<input type="checkbox"/>	

**RESULTS:**

*For Office of Human Resources Use Only*

- Candidate is eligible for employment
- Candidate is disqualified from employment

**Reviewed by:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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