

## Micron College Student Background Check Authorization

All information must be completed. Please print.

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### Student Data:

Date \_\_\_\_\_ Birth Date \_\_\_\_\_ \*\*Social Security \_\_\_\_\_  
First Name \_\_\_\_\_ Middle \_\_\_\_\_ Surname/Last Name: \_\_\_\_\_  
Home Address \_\_\_\_\_ City/St \_\_\_\_\_ ZIP \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

College/University \_\_\_\_\_

Course(s) \_\_\_\_\_

All information provided in this document is correct and complete to the best of my knowledge. I agree to notify Micron Security if any information I have listed on this form changes or needs updating.

I also agree to notify Micron Security if I am arrested, indicted, or become a defendant in any criminal court proceeding during the time that I am attending classes at a Micron site.

I hereby authorize Micron to conduct any and all background checks it deems necessary in evaluating this application.

I understand that attending courses at Micron is a privilege and that I can be withdrawn from classes if I:

- \* Dress inappropriately. Micron requires all students to wear "business casual" attire while attending classes;  
(Not allowed: shorts, sweat pants, ripped or torn clothing, flip flops)
- \* Leave the designated first floor training/class room area;
- \* Disrupt Micron's workplace in any manner; or
- \* Violate any of my university or college's rules and regulations.

Signature \_\_\_\_\_ DATE \_\_\_\_\_

Please fax the completed form to Paula Smith at 368-3205. You will receive a map and instructions upon receipt of this form.

\*\*Social security numbers are needed for the purpose of administering the Criminal Background Check. With the exception of the organizations conducting background checks, Micron does not release social security numbers to individuals outside of the company. \*\*