

CONSENT FOR A BACKGROUND INVESTIGATION

To be completed by the office faculty/staff

View the Background Investigation policy:
<http://policies.uga.edu/FA/nodes/view/1124>

Office name and location: _____

UGA title of position being checked:

VOLUNTEER

FULLY COUNTY OR GRANT FUNDED STAFF TITLE: _____

Sent by (CAES Faculty/Staff):

UGA staff contact name _____

UGA faculty/staff email address _____ Daytime phone _____

To be completed by the applicant

In
