

## COVER SHEET - BACKGROUND CHECK REQUEST FORM

**To:** Dept of Human Resources  
**Attn:** Betsy Behning

**Fax #** 218-726-7505

**Date:** \_\_\_\_\_  
**Total number of pages:** \_\_\_\_\_  
**From:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

**Hiring Authority** – Please complete the following and return to the fax number above.  
If you have any questions, please call Human Resources at 218-726-6740

PLEASE SELECT ONE:

\_\_\_\_\_ **Standard Package-Duluth**  
Social Security Number trace  
Criminal felony/misdemeanor  
Federal criminal  
Motor Vehicle Records  
Sex offender registry  
Global Sanctions & Enforcement

\_\_\_\_\_ **PCIDSS Check** (handling  
credit cards for payment)

\_\_\_\_\_ **Basic**  
Social Security Number Trace  
Criminal felony/misdemeanor  
Sex offender registry

\_\_\_\_\_ **Basic + MVR**

**Billing:** Your department will be charged by UMD Human Resources. Please provide the following information.

Dept Contact \_\_\_\_\_ Name of Applicant \_\_\_\_\_  
Dept \_\_\_\_\_ Requisition # \_\_\_\_\_  
Email \_\_\_\_\_ Title of position \_\_\_\_\_  
Phone # \_\_\_\_\_ Comments \_\_\_\_\_  
Account string \_\_\_\_\_

