

## COVER SHEET - BACKGROUND CHECK REQUEST FORM

**To:** Dept of Human Resources  
**Attn:** Audrey Temple

**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

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

**OR**

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

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

Name \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Dept \_\_\_\_\_

Requisition # \_\_\_\_\_

Email \_\_\_\_\_

Title of position \_\_\_\_\_

Phone # \_\_\_\_\_

Comments \_\_\_\_\_

Fund/DeptID/Program \_\_\_\_\_



HUMAN  
RESOURCES