



Request for Review of Publicly Available Clearances
***MUST INCLUDE ALL 3 CLEARANCE REPORTS INCLUDING
RAP SHEETS (IF APPLICABLE) WITH RESULTS PAGE***

FROM: _____ **CONTACT #:** _____

TO: OHR – Background Checks (814) 863-4267 **DATE:** ____/____/____

Number of pages transmitted including cover page: _____

Name on Background Check: _____

HR Rep Area: _____

Department: _____

Job Title: _____

Please check all that apply:

<input type="checkbox"/>	Current Employee
<input type="checkbox"/>	New Faculty/Staff/Tech. Serv.
<input type="checkbox"/>	Wage Payroll
<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"/>	

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