



## Reference Check Certification and Background Check Billing Form

Candidate Information				
Candidate Name:	<i>Last</i>	<i>First</i>	<i>M.I.</i>	Date:
Position Applied for:	Hiring Department			
Account Number*	<i>Account</i>	<i>Fund</i>	<i>DeptID</i>	<i>Program</i>
	<i>Project</i>			

Reference Information											
Name and Title of References Contacted	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%; padding: 5px;">Name</th> <th style="padding: 5px;">Title</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </tbody> </table>	Name	Title								
Name	Title										

Certification
<p><b>As required as part of the California State University Background Check Policy I certify that I have completed the reference checks for the above identified candidate.</b></p> <p>Print Name: _____</p> <p>Signature: _____</p> <p>Date: _____</p>

\*The above identified account number will be billed directly for Live Scan and Accurate Background services  
 FA:tm\_Background Check\_Ref Cert and Dept Billing Info