

# Yale *Environmental Health & Safety*

## Request for Background Check Form

- Write legibly or type form.
- Obtain applicant and authorizer signatures.
- Do not attach a check. Payment will be made by EHS and charged to the COA listed below.
- Return the completed forms to [radiationsafety@yale.edu](mailto:radiationsafety@yale.edu). If you have any questions, please call EHS at 203-785-3550 and ask to speak with the RSO or Asst. RSO.

|   |                 |
|---|-----------------|
| Today's Date:   |                 |
| <b>Principal Investigator</b>   |                 |
| PI Name:  | PI Email:       |
| Phone:  | Fax:            |
| Department name:  | Campus Address: |
| <b>Background Clearance Applicant Name:</b>   |                 |
| Based on my direct knowledge and observation of the above-named individual, I consider this person trustworthy and reliable. I recommend this individual to be approved for unescorted access to certain University equipment that is subject to special access controls. |                 |
| Supervisor signature:   | Date:           |
| <b>Business Office Contact</b>  |                 |
| Name:   | Email:          |
| Phone:  | Fax:            |
| Department name:  | Campus Address: |
| <b>Charging Instructions</b>  |                 |
| <i>Indicate the COA charging instructions. EHS will process the payment.</i>  |                 |
| Company:  |                 |
| Yale Designated:  |                 |
| Grant:  |                 |
| Gift:   |                 |
| Cost Center:  |                 |
| Program:  |                 |
| Project:  |                 |
| Spend/Revenue Category:   |                 |
| Ledger Account:   |                 |
| Location:   |                 |
| Assignee:   |                 |
| <b>Authorizer (Business Office of the Principal Investigator)</b>   |                 |
| Name:   | Signature:      |
| Date:   |                 |