Appendix C – Offer Letter Language (to be inserted in existing offer letter templates)

[This document is an Appendix to the Sexual Misconduct Hiring Disclosure Policy]

[REQUIRED] You agree to complete, promptly upon receipt, an Authorization to Release Information form for each employer for whom you have worked in the past seven years and you understand that before you begin work at Boston University, the University will contact each employer to determine if you have been found responsible for violating the employer’s policies that prohibit sexual misconduct. You warrant that there will be no such findings or that you will disclose any such findings, and agree that if findings are discovered after hiring, they may result in corrective action by BU, up to and including termination of employment. Failure to complete and return the Authorization to Release Information form to [UNIT TO FILL IN CONTACT PERSON] within 14 days may result in withdrawal of this offer.

END OF POLICY TEXT