



## Nomination Form CSI College of Fellows Executive Committee

Please complete the online submission form. The open positions up for consideration are:

- Member at Large (two-year term, expiring on October 31, 2026)
- Vice Chancellor (one-year term, expiring on October 31, 2025 with advancement to Chancellor on November 1, 2025)

**Submission Deadline:** Fellows interested in being considered for one of these positions need to submit the completed application by **noon ET, Friday, July 26, 2024.**

For questions, please contact [tsullivan@csinet.org](mailto:tsullivan@csinet.org).

Position for which you are interested: \*

### NOMINEE:

First Name \*

Last Name \*

Home Chapter: \*

Home Street Address \*

Home Address Line 2

Home City \*

Home State \*

Home Zip Code \*

Cell Phone Number \*

Email Address \*

Principal Occupation

*If retired, state former principal occupation and date of retirement*

Company/Business \*

Company/Business Street Address \*

Company/Business Address Line 2

Company/Business City \*

Company/Business State \*

Company/Business Zip Code \*

Company/Business Phone Number \*

Please add your vision statement; no more than 100 words: \*

0/100 words

## Head Shot

Please upload a head shot as a jpg, jpeg, or png: \*

Choose File No file chosen

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## Nomination for CSI College of Fellows Executive Committee

### Nominee Declaration and Voluntary Background Check

I certify and declare that the information contained in this form is complete, true, and accurate. I acknowledge that falsification or omission of information may result in my immediate disqualification from being nominated for the College of Fellows Executive Committee.

In consideration of CSI's review of my nomination, I hereby voluntarily consent to and authorize CSI, and its designated agent to conduct a comprehensive review of my background to be generated for the purposes of my application for nomination for Fellowship. I agree that this report may include any or similar reports on the following:

- Employment, Education, Credential Verification
- Personal Identity Verification, Past Employment Verification, Reference Checks
- Criminal Records and Civil Cases
- Character, General Reputation

I authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation, or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution, or other persons having personal knowledge of me to furnish CSI or its designated agents with any and all information in their possession regarding me in connection with an application for nomination for Fellowship.

I authorize all persons and organizations that may have information relevant to this research to disclose such information to CSI or its authorized agents. I hereby release CSI, its authorized agents, and all persons and organizations providing information from all claims and liabilities of any nature in connection with this research. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

If it is determined that I have specific prescribed rights under the federal Fair Credit Reporting Act, any other federal law pertaining to consumer credit, or relevant state law, then I will be accorded whatever rights I may have under applicable federal and/or state law or other countries. Upon my written request, CSI will provide me with additional information as to the nature and scope of the report, if one is made, in the event the report contains information regarding my character or general reputation which information CSI relies on to take any adverse action against me.

To avoid risk, you will be contacted by a CSI staff member to obtain further information necessary to conduct an investigative report, such as Social Security or Passport Number.

I agree. \*

clear

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