

METROPOLITAN COMMUNITY COLLEGE and AFFILIATES AUTHORIZATION AND DISCLOSURE for CONSUMER AND INVESTIGATIVE CONSUMER REPORTS

In connection with my application for student clinical assignment / experience, I understand that a background investigation may be requested which may include information concerning my character, academic background, credentials, driver history, prior addresses, names, employment, credit, work habits, work performance, work experience, reasons for work termination, general reputation, character, past behaviors, background, mode of living. I understand that METROPOLITAN COMMUNITY COLLEGE may seek and request information from public and private sources about employment, worker's compensation injuries, court records, driver records, criminal history, civil litigation history, education, credentials, and references.

I understand that METROPOLITAN COMMUNITY COLLEGE may rely on any or all of the above referenced information in determining whether to extend an offer of student clinical assignment / experience or employment or continued afore mentioned. This authorization shall remain on file and shall serve as an ongoing authorization to obtain any of the above referenced information during the term of aforementioned.

This document permits the release of any information to METROPOLITAN COMMUNITY COLLEGE or their agent, Secured Data Services. I hereby authorize and release from any liability, any law enforcement agency, institution, information service bureau, school, employer, personal reference, METROPOLITAN COMMUNITY COLLEGE or their agent, Secured Data Services. A photocopy or facsimile of this authorization shall be as valid as the original.

APPLICANT INFORMATION:

The following information is required for identification to conduct the background investigation:

PRINT NAME:

LAST

FIRST

MIDDLE

OTHER/PREVIOUS/MAIDEN NAMES: _____

SOCIAL SECURITY NUMBER: _____

CURRENT STREET ADDRESS: _____

STREET

CITY

STATE

ZIP

PRIOR ADDRESSES WITHIN THE LAST TEN (10) YEARS. Please list address, City, State, Zip

FOR IDENTIFICATION PURPOSES ONLY: Birth Date / / Sex:

My prospective college recognizes that age and sex are protected characteristics and that these two pieces of information will not be used as the basis for any offer of clinical assignment / experience or continuation of such.

HAVE YOU EVER BEEN CONVICTED OF A CRIME(S)? ___No ___Yes (If yes, explain below)

SIGNATURE AUTHORIZATION AND INFORMATION CERTIFICATION: The above information is given voluntarily and I understand that omitting, deception, or falsification of information is grounds for termination or the rescinding of any offer of clinical assignment / experience.

DATE SIGNED: _____ APPLICANT SIGNATURE:
(Parent signature if minor)

REPORTS REQUESTED: The consumer and investigative consumer reports requests may include but are not limited to the following: (COLLEGE CHECKS ALL THAT APPLY)

___ County Criminal History

___ NE Abuse Registry (attach separate form) ___ USHHS List of Excluded Individuals and Entities

REQUESTED BY NAME/DEPT/PHONE _____ Metro Community College