

STUDENT AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CRIMINAL HISTORY RECORD CHECK AND THE DISCLOSURE OF THE RESULTS OF SAID CHECK

This authorization and release for the procurement of a Criminal History Record Check and the disclosure of the results of said check described herein shall hereinafter be referred to as the “*Authorization.*”

I acknowledge that the criminal history record check herein authorized, including the disclosure of the same to the Affiliated Entity, is required for consideration of my suitability to participate in the Clinical Program. Further, I understand that my application to the Clinical Program or, if conditionally selected, my participation in the Clinical Program, will be terminated if my criminal history report indicates a conviction for a disqualifying offense as enumerated in the Act and/or the Code. I also understand that if I am convicted of a disqualifying offense as enumerated in the Act and/or the Code after I am admitted into the Clinical Program, my participation in the Clinical Program will be terminated. I am aware that the criminal history record check to which I am hereby consenting may include information obtained from a variety of sources, as well as from my own fingerprints. I am aware that if I so choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me pursuant to this Authorization by submitting a written request to 1st Step CNA Training L.L.C. Program for the same within a reasonable time after I execute this Authorization. Further, I understand that I may challenge the accuracy and completeness of the report through an established Department of State Police procedure for Access and Review in accordance with the Act and/or the Code.

*The requested information on the following page is required by law enforcement agencies and other entities for positive identification purposes when checking public records. **This information will be kept confidential to the fullest extent permitted by law.***

Full Name (print): _____

Other names that you have used and date of when they were last used:

*Social Security No. or Other Federal / State Issued Identifying No.: _____

*Date of Birth: _____

Street Address:

City:

State:

Zip Code:

Driver's License Number:

State Issuing License:

Name as it appears on your Driver's License: _____

*Sex:

Male

Female

*Race (please check all that apply):

Black, non-Hispanic

Native Hawaiian/

White, non-

American Indian

Pacific Islander

Hispanic

Alaskan Native

Hispanic or Latino

Asian

Student's Signature:

Date:

NOTE: If Student is less than 18 years old as of the date written above, parent/ legal guardian's signature is required.

Parent/ Legal Guardian's Printed Name:

Parent/ Legal Guardian's Signature:

Responses to these questions are only used to assure the accuracy of criminal history check and **will be kept confidential.*

Responses to these questions **will not be kept in the Student's Academic File.*