CLINICAL PLACEMENT BACKGROUND INVESTIGATION
RELEASE FORM FOR STUDENTS & INSTRUCTORS

This is to inform you that a background investigation must be conducted by Adam Safeguard prior to your enrollment in RSP 101, Fundamentals of Respiratory Care, and placement at any clinical facility.
Please read, sign and date the following:

……

I,_____, (name) have AUTHORIZED all former employers, listed references, law enforcement agencies and courts, credit bureaus, academic institutions, or other sources of information pertaining to me to release and deliver such information upon request to Adam Safeguard.

I AUTHORIZE Adam Safeguard and Union County College to conduct a criminal history search, and other background checks already enumerated above or as otherwise required.

I understand that the results of the aforesaid criminal history search and other checks will be shared with Union County College and I do hereby consent thereto.

I understand that enrollment in RSP 101, Fundamentals of Respiratory Care, and clinical placement is contingent upon successful completion of this background investigation. I acknowledge that if I provide false, inaccurate, incomplete or misleading information, that falsification will result in my being denied enrollment.

I also release Union County College and its affiliates, subsidiaries, employees, trustees and agents from any and all claims and liability related to or arising from my criminal background investigation. I further release any and all parties who provide information in connection with my clinical placement background investigation from any and all claims and liability related to or arising there from; all such parties are authorized to provide any information requested by Adam Safeguard in connection with my background investigation and to rely on this release as if they were a party hereto.

I understand that I give access to the results of credit reports and/or criminal record checks conducted in connection with this background investigation is through Adam Safeguard, and that I may request a reconsideration of the findings by submitting an appeal to the school.

Pursuant to the Privacy Act of 1974 (P.L. 93-579), I realize the disclosure of my social security number and other personal information is **voluntary**. I also realize that a **clear** criminal background check is required to enrollment in RSP 101, Fundamentals of Respiratory Care.

_____ _____ _____
Signature of Student Date **PRINT Legibly** Full Name/Include Maiden Name

_____ _____ _____
Gender Student ID Number Date of Birth (month/day/year)

_____
Current Address (Street, Apt. #, City, State, Zip Code)