

INFORMED CONSENT/RELEASE  
FOR CRIMINAL BACKGROUND INVESTIGATION

I hereby authorize **Illinois Central College**, or any qualified agent, or clinical facility to receive the following in connection with my clinical education experience: criminal background information including copies of my past and present law enforcement records to include both misdemeanor and felony convictions and any arrests for a crime that has not been adjudicated (by dismissal, acquittal, or conviction). This criminal background investigation must be conducted and is for the purpose of assisting **Illinois Central College** and clinical facilities in evaluating my suitability for clinical experience. The release of information pertaining to this criminal background investigation to those persons necessary to determine my suitability to participate in the clinical education experience is expressly authorized.

I understand that information contained in the criminal background report may result in my being denied a clinical experience and may result in dismissal from the intended program of study. If negative information is contained in my report, I understand that I will be notified by **Illinois Central College** and I have the right to contest the accuracy of the report.

If a facility refuses the student access to the clinical experience at its facility, **Illinois Central College** will make reasonable efforts to find an alternative site for the student to complete his/her clinical experience. A student who cannot be reasonably assigned will be dismissed from the program.

I hereby give **Illinois Central College** permission to obtain and release criminal background information to facilities to which I may be assigned for clinical experience prior to beginning the assignment. I hereby release **Illinois Central College**, its trustees, employees, and any clinical facilities, from liability or damage in providing such criminal background information or acting on such information. I hereby agree that a copy of this authorization may be accepted with the same authority as the original.

I hereby further release **Illinois Central College**, its trustees, employees, and agents, from any and all claims including but not limited to, claims of defamation, invasion of privacy, negligence or any other damages resulting from or pertaining to the collection of this information. **I understand that I am responsible for all costs associated with this process.**

I also agree that any future criminal convictions must be reported immediately to the appropriate Illinois Central College program director. Failure to report may result in program dismissal.

My signature below certifies that all information given is true and reliable. Any false information given or refusal to adhere to the clinical background investigation will result in dismissal from my intended program of study.

\_\_\_\_\_  
Printed Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date