



CONSENT FOR RELEASE

The purpose of this release is to provide documentation of drug screen results, immunizations, and background checks to clinical facilities that are part of the educational programs of the College.

Drug Screen Results and Immunization Record

My signature below hereby authorizes, without reservation, Cabarrus College of Health Sciences to release my immunization record and my drug screen results and any related information to agencies providing clinical experiences for my educational program as necessary in the normal course of business. In addition, I hereby waive any and all claims or causes of action that I may have against the College or any clinical affiliation sites, resulting from the release of such information. This authorization will expire at the completion of my educational program unless previously revoked.

Consumer Reports (Background Check)

In connection with my admission to Cabarrus College of Health Sciences, I understand that consumer or investigative consumer reports which may contain public record information, may be requested or made on me including criminal records, driving record, education, prior employer verification, workers compensation claims and others. Further I understand that you will be requesting information from various Federal, State and Local agencies regarding my past activities. I also understand that the information below regarding sex, race and date of birth is requested for the sole purpose of gathering the above information correctly, and will not be used to discriminate against me in violation of any law.

If negative information resulting in a change of my status with the College is contained in my report, I understand that I will be notified of such information by the Dean for Academic and Student Services. I understand that information contained in the criminal background report might result in the termination of my enrolled status. I also understand that any such termination may be appealed to the Dean for Academic and Student Services. I understand that I have a right to review the information that the College receives in this criminal background investigation by putting a request in writing, and that I may respond to the information. I understand that all reasonable efforts will be made by the College to protect the confidentiality of this information.

I hereby release those individuals or companies from any liability or damage in providing such information. I hereby further release the College and its agents and employees from any and all claims, including but not limited to claims of defamation, invasions of privacy, wrongful termination, negligence or any other damages of or resulting from or pertaining to the collection of this information. I understand I have the right to make a request of the Consumer Reporting Agency, upon proper identification and the payment of any authorized fees, the information in its files on me at the time of my request. I further authorize ongoing procurement of the above-mentioned reports at any time during my enrollment in the College.

My signature below hereby authorizes, without reservation, any party or agency to furnish the above-mentioned information and the College to share the results with agencies that provide clinical experiences related to my educational program as necessary in the normal course of business. This authorization will expire at the completion of my educational program unless previously revoked.

Signature _____ Date _____

FOR IDENTIFICATION PURPOSES: PLEASE PRINT ALL INFORMATION CLEARLY

Last Name _____ First Name _____ Middle Name _____ Email Address _____

Other Names; Maiden, Aliases, etc.:

Day _____ Year _____ Race: _____ Gender: _____

Date of Birth: _____
 Month: _____

Social Security #: _____ - _____ - _____ Driver's License # _____ State: _____

LIST ALL ADDRESSES FOR THE PAST TEN (10) YEARS STARTING WITH THE MOST CURRENT:

	STREET	CITY	STATE	ZIP	DATES (MM/YYYY)	
					FROM	TO
1.						
2.						
3.						
4.						
5.						