



CONSENT FOR RELEASE

PLEASE UPLOAD A COPY OF YOUR SOCIAL SECURITY CARD AND DRIVER'S LICENSE (FRONT AND BACK) WITH THIS FORM

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.

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.

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 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.

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.

Signature _____ Date _____

FOR IDENTIFICATION PURPOSES: PLEASE PRINT ALL INFORMATION CLEARLY

Last Name First Name Middle Name Email Address

Other Names; Maiden, Aliases, _____

Date of Birth: Month Day: Year: Race: Gender:

Social Security #: Driver's License # State:

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

Table with columns: STREET, CITY, STATE, ZIP, DATES (MM/YYYY) FROM, TO. Rows 1-5.