

UCDHSC Student Background Investigation Consent and Release

Student Information

Incomplete forms will not be processed and will be returned to the academic/training program. The results of the background investigation are provided to the academic/training program by the University of Colorado at Denver and Health Sciences (UCDHSC).

Name (First) _____ (Middle Initial) _____ (Last) _____

Former Names _____

Date of birth (month/day/year) ___/___/___ Social security number _____ - _____ - _____

U.S. Citizen Yes ___ No ___ (If "No," please list immigration status and Visa number _____)

Present Address (Street, Apt#, City, State, Zip code) _____

Previous Addresses (for the past 10 years or to the age of 18 years old, whichever is sooner; if exact previous addresses are not available, list city and state) _____

For purposes of the following questions, "conviction" means guilty verdict, guilty plea or Nolo Contendere ("No Contest") plea.

Have you ever been convicted of a felony in the last seven years? No ___ Yes ___

If "Yes," please give details including date, federal or state court in which conviction was entered, type of felony, etc. _____

Have you been convicted of a misdemeanor in the last seven years? No ___ Yes ___

If "Yes," please give details including date, state/county court in which conviction was entered, type of, misdemeanor, etc. _____

Program/academic training applied for: _____

If previously applied for UCDHSC academic/training program, and background investigation has already been completed, list previous academic/training program and approximate date of investigation: _____

Authorization and Release

I authorize UCDHSC and/or UCDHSC's contracted vendor to use the following information to conduct a background investigation. I understand that UCDHSC will request information concerning my criminal history from various private and public sources along with other public records available. I also understand and agree that other background checks may be performed such as verification and investigation of: academic credentials, professional licensure, prior employment, driving records, and financial credit reports.

I further acknowledge that a telephone facsimile (FAX) or photographic copy of this release will be as valid as the original.

I understand that any false statements or deliberate omissions on this document or any other document I file with UCDHSC may be grounds for disqualification from my academic/training program or, if discovered after the academic/training program starts, could result in discipline up to and including my dismissal from the program.

I UNDERSTAND THAT SUCCESSFULLY COMPLETING THIS BACKGROUND INVESTIGATION IS A PREREQUISITE TO CLINICAL ROTATIONS AT HOSPITALS/OTHER AFFILIATES. I UNDERSTAND THAT CLINICAL ROTATIONS ARE A REQUIRED COMPONENT OF MY DEGREE PROGRAM AND THAT IF THE RESULTS OF THIS BACKGROUND INVESTIGATION RENDER ME UNABLE TO COMPLETE CLINICAL ROTATIONS, UCDHSC MAY NOT PERMIT ME TO ENTER/CONTINUE IN THIS EDUCATIONAL PROGRAM.

I hereby release the University of Colorado, its employees, agents and contractors, as well as any entity or person that provides any information pursuant to the performance of a background check, from any and all claims arising out of the performance of a background check.

My typed name below serves as my digital signature.

Student Signature _____

Date _____