

**Idaho State University**  
**Informed Consent/Release for Criminal Background Investigation**

*Instructions: This form is to be used when a student is: 1) applying for admission to a program, 2) applying for field-based experience, or 3) seeking to complete clinical requirements of a program. Questions may be directed to the Office of General Counsel at 282-3234.*

I am submitting this form in conjunction with my: (check applicable item and fill in the blank)

- \_\_\_\_\_ 1. Application for admission to the ISU College of \_\_\_\_\_  
(Program).
- \_\_\_\_\_ 2. Application for field-based experience with the ISU College of \_\_\_\_\_  
\_\_\_\_\_(Program).
- \_\_\_\_\_ 3. Seeking to participate in clinical education for the ISU College of \_\_\_\_\_  
\_\_\_\_\_(Program).

I hereby authorize the University, any qualified agent, and/or clinical affiliate/agency to receive the following in connection with the program checked above: criminal background information including copies of my past and present law enforcement records. This criminal background investigation is being conducted for the purpose of assisting the Program and/or the clinical affiliate/agency in evaluating my suitability for the program. The release of information pertaining to this criminal background investigation is expressly authorized.

I understand that information contained in the criminal background report may result in: 1) my being denied full admission to the Program and, consequently, dismissal from the Program; or 2) my being denied or dismissed from the field-based experience and, consequently, denied admission to or dismissal from the Program; or 3) my being denied a clinical assignment and, consequently, dismissal from the program. I also understand that I will be afforded the opportunity to be heard before any such withdrawal from the Program.

I understand that I have a right to review the information that the Program receives in this criminal background investigation by putting a request in writing to Public Safety, and that I may respond to the information. I understand that reasonable efforts will be made by the University to protect the confidentiality of this information. I further understand that the results of the criminal background check may be reviewed by the Dean, Program, Department, clinical affiliates, Public Safety, and General Counsel.

If adverse information is contained in my report, I understand that I will be notified by the Program and will be asked to provide information in writing to the Program. I understand that admission decisions made by the Program are not subject to appeal.

I hereby give the Program permission to release the criminal background report to the affiliate/agency to which I am assigned for clinical or educational experience prior to beginning the assignment and regardless of whether such affiliate/agency has required the background check. I understand the affiliates/agencies may refuse me access to clients/patients based on information contained in the criminal background check and that the affiliates'/agencies' criteria may differ from that of the Program.

I hereby release those individuals or affiliates/agencies from any liability or damage in providing such information. I agree that a photocopy of this authorization may be accepted with the same authority as the original.

I hereby further release the State of Idaho, the University, its agents, officers, board, and employees from any and all claims, including but not limited to, claims of defamation, invasion of privacy, wrongful dismissal, negligence, or any other damages of or resulting from or pertaining to the collection of this information.

I understand that I am responsible for all costs associated with this process.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Student or Parent/Legal Guardian if under 18)

Print Name \_\_\_\_\_

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

ISU Witness \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Department \_\_\_\_\_

Please print or type all names you have used in the past (use other side of page if necessary):

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