



Aims ID: _____

ACKNOWLEDGEMENT:

PROGRAM ADMISSION, BACKGROUND INVESTIGATION, AND CLINICAL INFORMATION RELEASE FORM

As part of the application process for admission to the _____ program at Aims Community College (“the School”) and (“School”), I understand that the School and/or its agents will require a Background Investigation of my personal information via a Criminal Background Check and Drug Screen, which may include, but is not limited to: Statewide Criminal Record Search (County Criminal Record Search in the absence of Statewide Criminal Record Search), Federal Criminal Search, Social Security Trace, Nationwide Sex Offender Registry, Office of Inspector General (OIG), General Services Administration (GSA), Office of Foreign Assets Control (OFAC)/Specially Designated Nations List (SDN), Education Verification, Employment Verification, Professional License Verification, and an 11-panel Drug Screen. I understand that the Background Investigation will be used by the School to determine my eligibility for program admission and to participate in clinical activities in the School's Allied Health and Human Services or Public Service Programs. I also understand that I may be asked to provide additional information (including, but not limited to, immunization records, CPR certification, and other additional health screenings) and that failure to provide information as requested will be considered just cause for denial of admission to the School.

I hereby authorize, without reservation, the Background Investigation and the release of information and records related thereto by HireRight to the School. I also authorize the School to release the results of the Background Investigation, Drug Panel Screen, Immunization Records, Health Screenings, and any other relevant information in possession of the College (and any information and records related thereto for purposes related to my application for admission to the School) to any Clinical Facility, if required by them, at any time while I am enrolled for the purposes of my participation in the clinical program.

I hereby release, discharge and agree to hold harmless HireRight and the School and all of their respective employees, officers, directors, agents and assigns from and against any claims for losses or damages, and liabilities, actions or causes of action or any other charges or complaints arising out of or related to the Background Investigation or the release of information and records relating thereto.

I am aware that Clinical facilities may also choose to require an additional Background Investigation and may disqualify students from participating at a clinical site based on individual facility policies. I am aware that a disqualifying Background Investigation from a clinical agency may render me ineligible to continue in an Allied Health or Public Service program. I am also aware that all Background Investigations will be processed under the Fair Credit Reporting Act, and Aims Community College has enacted a “red flag procedure” as required by November 1, 2008. 16 CFR 681.

I certify that any information provided as for the Background Investigation application is correct to the best of my knowledge, and I acknowledge that any false statements provided will be considered just cause for denial of admission to the School. I also understand that upon request, HireRight will provide me with a copy of my report and my rights under the Fair Credit Reporting Act. Requests will be directed to:

HireRight
3349 Michelson Drive, Suite 150
Irvine, CA 92612
(800) 400-2761
www.hireright.com

After acceptance into your selected program, you will be advised on how to complete your background check online.

Student Name (Printed): _____

Student Signature: _____

Date: _____