

Mott Community College
Division of Health Sciences
Informed Consent
for Criminal Background Investigation

The health program's curricular criteria and academic standards for course credit and program achievement require students enrolled in the program to complete assignments and training at clinical sites. A critical element of determining a student's suitability for participation in the program as well as assignment at clinical sites during the course of his/ her program is to determine that the student does not have a criminal record of felonies or certain misdemeanors that place the clinical site in jeopardy by the placement of an unsuitable student at their institution.

Mott Community College is required to declare to the hosting institution the suitability of every student assigned to that institution. Therefore, all health career program students must undergo a criminal background checks as a term and condition of their application to and enrollment in the applicable health career program.

Any and all costs associated with the aforementioned criminal background checks will be borne by the STUDENT. Further, all fees paid for criminal record checks are non-refundable. Students may have to undergo repeat testing, depending on the individual clinical facility's requirements. Prior criminal records checks results will not be accepted.

The results of the aforementioned criminal records check will only be released by the relevant consumer background check reporting agency to the College's designated individuals. This information will be maintained in a separate file from the student's academic record. Access to this file will be governed by the Family Educational Rights and Privacy Act (FERPA).

General Release

I, _____, (**PRINT NAME**) for myself, my successors, College agents and estate, hereby release Mott Community College and all current and former employees, agents and attorneys of any and all claims, causes of action, liabilities, expenses (including but not limited to tuition and associated course, program or other student fees) and for damages which I may assert against any of them as a result of my undergoing criminal background checks/investigation as required for application to and enrollment in the applicable health career program.

Furthermore, I understand that this release shall be forever binding and no rescission, modification or release there from may be made without the express written consent of Mott Community College. Furthermore, I have received all the information necessary to make an informed decision regarding this release. I fully understand the terms and consequences of agreeing to this release, and acknowledge that I voluntarily and of my own free will am waiving my right to assert any action against Mott Community College and all current and former employees, agents and attorneys of Mott Community College performing services on behalf of the College, for any and all claims, causes of action, liabilities, expenses and for damages which I may assert against any of them as a result of my undergoing a criminal background investigation/checks as required for application to and enrollment in the applicable health career program.

By: _____
Student Signature

Date

Statement Regarding Criminal History

I, _____, (**PRINT NAME**) hereby state that as an adult, I have not been convicted of any of the following:

(OVER, PLEASE)

