



Informed Consent and Release

This allows ISU to use and release a student's records for criminal background checks, drug screens, health screens, immunizations, and any other applicable reports

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) requesting to complete a health-related program's clinical requirements. Questions may be directed to Sandi Rich in the Office of General Counsel at sandirich@isu.edu or 208-282-2683.

I am submitting this form in conjunction with my: (check one 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. Request to participate in health-related clinical internship experiences for the ISU College of
_____(Program).

- I hereby authorize ISU, its qualified agents, and/or clinical facilities to receive, use, and disclose, in connection with the Program checked above, any applicable information, records, and reports, including, but not limited to, background check information, including copies of any of my past and present law enforcement records; drug screen reports; health histories and screens, immunizations, insurance, Social Security number traces for previous residencies, employment checks, Office of Inspector General (OIG) Sanctions Lists, General Services Administration's Excluded Parties Listing Systems (e.g. GSA/EPLS), violent sex offender and predator registry searches, applicable federal and state exclusion lists, US Treasury Office of Foreign Assets Control (OFAC) checks, and lists of specifically designated nationals. I agree to purchase an ISU approved background check from a designated third-party vendor for the purpose of assisting my Program and/or clinical facilities in evaluating my suitability for admission to the Program or participation in clinical internship and field experiences. The release of my personal information, records, and reports is expressly authorized.
- I understand that information contained in the background check or any additional records and reports 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 internship 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 online access through the applicable vendor's website to view my background check results which is the same information that the Program receives for my background check. I understand that reasonable efforts will be made by ISU to protect the confidentiality of the information it receives. I further understand that the results of the background check and other reports may be reviewed by the following individuals and entities when evaluating my suitability, including, but not limited to, the applicable dean, chair, program, department, the Office of General Counsel, and clinical facilities.

- If adverse information is contained in my records and results, I understand that I can view my own records and results and may be asked to provide more 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 my background report and any other records to facilities to which I am assigned for internship/practicum experiences prior to beginning the assignment and regardless of whether such facilities have required the background check or other reports. I understand facilities may refuse me access to their clients or patients based on information contained in my records, background check, or other reports and that facilities' criteria may differ from that of the Program.
- I hereby release, hold harmless, and covenant not to sue the State of Idaho, Idaho State University, its agents, officers, governing board, and employees or clinical facilities from any liability or damage in providing and disclosing my background information or any other records. I agree that a photocopy or electronic version of this authorization may be accepted with the same authority as the original.
- I understand ISU is not responsible for the accuracy and content of the background check information provided by the third-party vendor or any other reports and I hereby further release, hold harmless, and covenant not to sue the State of Idaho, Idaho State University, its agents, officers, governing 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 background information.
- I further understand that 1 - background checks, drug screens, additional reports, program admission, field experiences, and internship/practicum placements are subject to the policies and requirements of ISU, my Program, and/or clinical facilities; and 2 - I am responsible for all costs associated with this process.

By signing below, I acknowledge that I have carefully read this document and I understand and agree to its contents:

Signature: _____ **Date** _____
 (Student or Parent/Legal Guardian if under 18)

Print Student Name _____

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

Student Date of Birth _____

ISU Witness _____ Date _____

Print Name _____

College/Department _____