



**Nursing & Allied Health Division**  
**1101 E. Vermont Ave**  
**McAllen, Texas 78503-9701**  
**Office (956) 872-3022**

**BACKGROUND CHECK AUTHORIZATION AND RELEASE FORM**

I hereby authorize any investigator or duly accredited representative of South Texas College bearing this release to obtain any information from criminal justice agencies, relating to my activities. This information may include, but is not limited to:

- Personal history;
- Disciplinary;
- Arrest;
- Conviction records;
- Social Security number verification;
- Seven Year Multi-County or Statewide Felony and Related Misdemeanor Criminal Record search;
- HHS/OIG List of Excluded Individuals/Entities – GSA List of Parties Excluded from Federal Programs;
- Education verification (Highest Degree Received);
- One Professional Licensure Verification – Professional; (only for EMT and VN applicant upgrade option)

I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by South Texas College and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities (only upon student’s consent).

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

The information requested below is necessary to obtain personal criminal history record information. It is the policy of Pre Check that an individual or their authorized representative have access to and may receive a copy of their criminal record information (CHRI). This policy is in compliance with Texas Government Code, Section 552.023.

I agree that South Texas College has the right to administratively “withdraw” me from the clinical/practicum program if:

- I fail to disclose any new conviction of a crime during participation in program.
- I have a positive “for cause” drug screen at any time during program.

\_\_\_\_\_ Applicant Signature \_\_\_\_\_ Date

\_\_\_\_\_ Under the age of 18, parent or guardian signature required \_\_\_\_\_ Date

\_\_\_\_\_ Under the age of 18, Parent or Guardian-Print Name

**Please print or type the following information:**

Legal Name: \_\_\_\_\_  
Last First Middle

Social Security #: \_\_\_\_\_ A#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Other names previously used: \_\_\_\_\_