

**LINN-BENTON COMMUNITY COLLEGE  
CRIMINAL BACKGROUND CHECK (CBC) RELEASE AGREEMENT**

NAME \_\_\_\_\_ PROGRAM OF STUDY \_\_\_\_\_  
Please Print  
SOCIAL SECURITY# \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_  
Required Required  
STUDENT ADDRESS: \_\_\_\_\_  
Street Address City State Zip Code

I understand, if admitted, I will be required to process a LBCC approved criminal background check, including verification of non-exclusion from the federal Health & Human Services Office of Inspector General's (HHS OIG) secure database, for continued admission to my chosen program.

I understand the reports may include specific and personal information about my character, general reputation and background. I authorize LBCC to report whether my background checks are "clear" or "not clear" (meaning the reports show reportable incidents, or exclusions) to external clinical or practicum sites. I understand this will be done in order to place me in a clinical practicum or work experience situation. I understand this is the sole use and purpose of this information and that LBCC will otherwise keep this information confidential in compliance with rules regarding the privacy of student records, Fair Credit Reporting Act and other applicable regulations. I also understand that if my CBC is "not clear," I may appeal the LBCC determination. I authorize Linn-Benton Community College (LBCC) to use any of my personal information, including social security number (SSN) and date of birth (DOB), required to further process my CBC.

I understand that any exclusion found on the HHS OIG report will disqualify me from admission and there is no appeal.

I understand and acknowledge these background checks are not being used to determine my general admission to LBCC, they do not guarantee eligibility for clinical placement, licensure or employment in my chosen field of study. If the CBC results prevent me from being placed in a clinical or practicum experience, I acknowledge I will not be admitted to the program and my space will be given to the next eligible applicant. I agree to run a true and accurate report based on my personal history that will include all counties I have resided in during the last 7 years. I acknowledge some licensing boards, or employers, may require more extensive reports.

I acknowledge and agree I have a responsibility to self-disclose and notify the program coordinator in writing if my criminal background or HHS OIG status changes at any time between this date and the date of my program completion. I understand any falsification, misrepresentation, or omission of required information may result in immediate removal from the program and disciplinary action. If admitted and subsequently excluded by the HHS OIG or convicted of a crime that will disqualify me from clinical placement or licensure, I understand I will be disqualified from continuing in the program.

If I am charged with a crime, but not convicted, I may be subject to significant disruption in my clinical placement (and overall progression through the program) if the clinical site requires the charge be resolved as a condition of continuing in that placement. The college cannot control the factors a clinical site may use to restrict a student from its premises. It may be necessary for LBCC personnel to consult with clinical site personnel on matters related to past, or pending, criminal charges; my signature below is my consent to such consultations.

I have read and understand this release agreement and the Fair Credit Reporting Act information located at <http://www.ftc.gov/bcp/menus/consumer/credit/rights.shtml>, and agree to hold LBCC, its officers, agents and employees harmless from any liability resulting from the use of the information requested. The criminal background information is compiled from and processed by various third party sources through CertifiedBackground.com. LBCC does not guarantee, or assume any responsibility for the accuracy of the information obtained from CertifiedBackground.com, or other sources, and shall not be liable for any losses or injuries now or in the future resulting from or relating to the information provided by them.

By my signature I agree to the above terms.

\_\_\_\_\_  
Student Signature Date

Have you completed a criminal background check for LBCC within 12 months of when your program will start?  
IF YES, STOP, contact Dorothy Fisk at [dorothy.fisk@linnbenton.edu](mailto:dorothy.fisk@linnbenton.edu).