

## **Lourdes University Department of Education Criminal Background Check – Authorization and Release Form**

In connection with my admission and enrollment in Lourdes University Teacher Education program and my participation in the program's field experiences, I for myself, my successors, agents and estate, hereby:

- (1) authorize and instruct Lourdes University to perform a criminal background check;
- (2) consent to the provision of all criminal background check results to Lourdes University;
- (3) acknowledge that decisions regarding my application to and continued enrollment in the Education program will be made based upon these results and any additional information I provide; and
- (4) release, discharge, absolve, indemnify and hold harmless Lourdes University and its current and former officers, employees, and agents from any and all claims, causes of action, liabilities, demands, expenses, damages, or costs (including attorneys fees) present or future, whether known or unknown, anticipated or unanticipated, which I may assert against any of them in connection with my background check and any actions taken by Lourdes University related the background check.

I understand that this Authorization and Release shall be forever binding and no rescission or modification may be made without the express written consent of Lourdes University. I have received all the information necessary to make an informed decision, I have read and fully understand the terms and consequences of agreeing to this Authorization and Release, and I voluntarily and of my own free will sign the Authorization and Release.

### **Please print the following information**

Name (first, middle initial, last) \_\_\_\_\_

Address (street address) \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_