

Applicant Consent For Background Investigations

I hereby authorize the College of Southern Idaho (CSI) to investigate me, my former employment and my personal reputation. I hereby authorize all persons, firms, companies, government agencies, courts, credit agencies, associations or institutions having control of any documents, records, or other information to furnish said documents to the above requester. I understand that the above information is specifically related to the background investigation process and that in no way will it be used for admission or denial of admission to any of the Health Sciences and Human Services educational programs. Any of the participating clinical agencies will, in its sole discretion, have the ability to deny clinical placement to any student based on the information received from the background investigation. I hereby release the College of Southern Idaho (CSI), its affiliates and its agents from any liability resulting from such investigations.

Printed Name

Signature

Date