



***BLESSING-RIEMAN***

***College of Nursing & Health Sciences***

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**Authorization for Criminal Background Check and Dissemination of Results**

I authorize a criminal background check and dissemination of my background check results, and convictions records to clinical training sites, whether in or outside the state of Illinois, as deemed necessary by Blessing-Rieman College of Nursing & Health Sciences (The College), during the completion of my academic program. I understand that the College will provide the records listed above only with the condition that the receiving party or parties will be notified by the college that they may not disclose the information to other parties, in a personally-identifiable form, without my further consent, unless the other parties are otherwise eligible under federal or state law to receive the records. I further understand that any statements that I have placed in my records commenting on contested information contained in the records listed above will be released along with the records to which they relate.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student/CAMs ID # \_\_\_\_\_