



**Nova Southeastern University
Health Professions Division**

**Authorization, Disclosure & Release Form by
Accepted Applicant/Enrolled Student for Background Check**

In order to meet my requirements for completion of my program at the NSU Health Professions Division, I understand that the performance of a consumer report (Level I and, and where applicable, Level II background check(s)) will be ordered from a consumer reporting agency engaged by the NSU Health Professions Division. A “consumer report” is any written, oral or other communication of any information by a consumer reporting agency bearing on a consumer’s character, general reputation, personal characteristics, past performance or mode of living.

The Level I background check shall include a Social Security Number trace to confirm past residences and a criminal background search based on all past residences. The search shall involve all types of criminal offense, including all matters related thereto, extending up to seven (7) years. In addition, the Level I background check shall also include, but not be limited to: Employment Verification including reason for separation and eligibility for re-employment for each employer; Violent Sex Offender and Predator Registry search; the Office of Inspector General list of excluded individuals/entities; the GSA list of parties excluded from federal programs; the U.S. Treasury, Office of Foreign Assets Control, List of Specially Designated Nationals; and the Applicable State Exclusion List, if applicable.

The Level II background check for students who are licensed shall include the above and also shall include: Education Verification (highest level); Professional License Verification; Certifications & Designation Check; and Professional Disciplinary Action Search. The Level II may also include a Department of Motor Vehicle Driving History, based on responsibilities, and Consumer Credit Report, based on responsibilities.

Certain clinical training facilities may, in addition to the above Level I background check, require a Level II background check and/or Florida Department of Law Enforcement and/or Federal Bureau of Investigation fingerprint criminal background check. The results of the background check(s) will be given to the NSU Health Professions Division and the clinical training facilities.

I acknowledge that background check results deemed favorable by the NSU Health Professions Division and/or by clinical facilities, are conditions for admission and continued enrollment. Offers of admission will not be considered final until completion of the background check(s), with results deemed favorable by the NSU Health Professions Division. If the results of the background check are not deemed favorable by the NSU Health Professions Division and/or by the clinical training facilities, or if information received indicates that I have provided false or misleading statements, have omitted required information, or in any way am unable to meet the requirements for completion of the program, then my admission may be denied or rescinded, or I may be disciplined or dismissed.

I hereby authorize the NSU Health Professions Division to obtain consumer reports (background check(s)). I will be informed if my offer of admission is denied or rescinded or if my enrollment is terminated because of information obtained from the consumer reporting agency. Prior to that event, I will be provided with a copy of the background report and a copy of “A Summary of Your Rights Under the Fair Credit Reporting Act” (FCRA 15 U.S.C. 1681 et seq.), as well as the name, address and contact information of the consumer reporting agency and will be given an opportunity to contact this agency to dispute any information contained in the report. I will be provided ten (10) working days to provide my response to the NSU Health Professions Division.

I authorize all persons, schools, companies, corporations and other business entities, law enforcement agencies (collectively the “Reporting Entities”) to release such information without restriction or qualification to any consumer reporting agency engaged by Nova Southeastern University, Inc. I voluntarily waive all recourse against the Reporting Entities and release the Reporting Entities from any liability relating to their compliance with this authorization.

I hereby release Nova Southeastern University, Inc., its affiliated entities, and its and their agents, employees, trustees, and officers from any and all liability for requesting the background check(s) and for acting based on the information and/or reports provided.

I certify that the information below is true, accurate and complete. Any omission or false or misleading information may result in actions including, but not limited to, denial or rescission of an offer of admission, disciplinary action or dismissal.

Name (*please print*): _____

Soc. Sec. No.: _____ NSU Student Identification No.: _____

Other (maiden) name(s) used (*please print*): _____

Date of Birth: _____

RESIDENCE INFORMATION

Please provide all home addresses (Physical Street Addresses Only) for the most recent seven (7) years, starting with your present address:

	STREET ADDRESS	CITY	STATE	ZIP	DATES
1)	_____	_____	_____	_____	FROM TO _____
2)	_____	_____	_____	_____	FROM TO _____
3)	_____	_____	_____	_____	FROM TO _____
4)	_____	_____	_____	_____	FROM TO _____

Signature: _____

Date: _____