



Authorization to Release Information Form

I hereby attest that I have completed my criminal background check with the designated outside agency, FirstPoint, Inc., as directed. I authorize Harris Training Institute to provide a copy of the report generated from the background check to any of the healthcare facilities with whom the college has contracted to provide its students clinical training and experience.

I understand some facilities may require drug screening and that I will be notified if drug screening is required. I agree to comply with any drug screen testing as required by a clinical facility and authorize any representative of Harris Training Institute to review the results of my drug screen as needed.

Consumer Disclosure

Harris Training Institute does not guarantee the admission of any student to a clinical facility. I understand, the criminal check may reveal information that will prevent me from clinical participation. If I am denied acceptance at a clinical site, I will be dismissed from the nurse aide program

Printed Name _____

Signature _____ Date _____