

**CONSENT FOR RELEASE OF INFORMATION
HOLD HARMLESS AGREEMENT
CRIMINAL HISTORY RECORD INFORMATION**

By this Consent for Release of Information and Hold Harmless Agreement (AGREEMENT), I REQUEST AND AUTHORIZE Texas Tech University (TTU or University) to obtain, and/or receive from a third party source (VENDOR) selected by TTU, criminal history record information (INFORMATION) for the purpose of conducting a criminal background check (CBC). I UNDERSTAND AND AGREE that the cost of conducting the CBC shall be my responsibility. I further UNDERSTAND that I am required to self-disclose any past criminal activity, if applicable, and further UNDERSTAND that should I be charged with a crime after beginning clinical/field training, I SHALL report to the dean or her/his designee such INFORMATION no later than five (5) business days following such charge. The purpose of this INFORMATION is to determine the existence of and investigate any past criminal activity and evaluate such INFORMATION, if any, which may be used to determine eligibility, character, or fitness to pursue on-site professional experiences provided by or through TTU.

I UNDERSTAND that I may challenge the accuracy of INFORMATION disclosed by VENDOR and can obtain information on the procedure to challenge such INFORMATION in the Office of the Provost. In addition, if I have challenged the VENDOR's INFORMATION, which is determined to be accurate, and adverse action is subsequently taken against me by TTU, I may appeal such decision in accordance with the ad hoc appeal procedure to be administered by each academic unit in accordance with departmental policy by providing written notice within fifteen (15) days of notice of dismissal from the program.

I UNDERSTAND that information in this report that reflects character and fitness to pursue on-site professional experiences may constitute credit information as defined under the Fair Credit Reporting Act. I ACKNOWLEDGE that this information will be obtained prior to my participation in on-site professional experiences at TTU affiliated training facilities.

Furthermore, I UNDERSTAND additional CBCs may also be conducted on an as needed basis, the cost of which is also my responsibility. I FURTHER UNDERSTAND AND AGREE that any INFORMATION obtained by TTU or VENDOR will be released to the applicable TTU colleges/schools/departments and/or affiliated facilities (ENTITIES) for such time that I am enrolled as a TTU student in order for ENTITIES to determine whether I may participate in those on-site professional training programs. Such INFORMATION will be disposed of thereafter in accordance with the Fair and Accurate Credit Transaction Act.

I UNDERSTAND that the ENTITIES are permitted to communicate with each other regarding the content of the INFORMATION provided by VENDOR. I UNDERSTAND that this AGREEMENT is voluntary and that I may, in writing, revoke it at any time by contacting the TTU Office of the Registrar, except to the extent that action has been taken in reliance on this AGREEMENT.

I UNDERSTAND AND AGREE that I will be required to cooperate with TTU and/or VENDOR in providing truthful information and further UNDERSTAND that should I revoke this AGREEMENT or fail to cooperate or provide truthful information, such action may result in my inability to participate in on-site professional experiences and/or dismissal from the program.

I further UNDERSTAND that the information obtained will be used for the express purpose of determining eligibility and fitness or having the requisite character for participating in those various programs to which I seek approval.

I UNDERSTAND that the ENTITIES must use the INFORMATION solely for its intended purpose, as outlined above, and that the ENTITIES cannot warrant or guarantee the control or use of this INFORMATION, should it be acquired by someone other than ENTITIES. Accordingly, I AGREE that TTU and the affiliated facilities shall not be held responsible or liable for damages of whatever kind that may result from the improper release or dissemination of the INFORMATION referenced hereinabove. I EXPRESSLY RELEASE AND AGREE TO HOLD HARMLESS TTU, its officers, directors, agents, employees, and personnel acting on behalf of the UNIVERSITY from any and all liability including, but not limited to, negligence associated with the release of the INFORMATION which it provides to its agents, employees, and personnel or an affiliated facility, its agents, employees, and personnel.

I REPRESENT that I have read this document and understand its implications. My true and complete legal name, including all other previous names by which I have been known, is as indicated below, and all INFORMATION included herein is true and correct.

PLEASE PRINT LEGIBLY

Last Name *First Name* *Middle Name* *Maiden Name*

Other Names by Which I Am/Have Been Known, if any

Address(es) (Current and Prior, Including Cities, Counties, and Countries of All Known Residences)

Date of Birth *Social Security Number*

List prior criminal history record information, if applicable, giving relevant dates, location, circumstances, etc. Please use a separate sheet of paper, if needed. If not applicable, indicate with N/A.

SIGNED (*Student/Trainee or Resident*) *Date*

SIGNED (*Witness or Translator**) *Date*