

CONSENT FOR RELEASE OF INFORMATION
HOLD HARMLESS AGREEMENT
FOR STUDENTS

CRIMINAL HISTORY RECORD INFORMATION

By this Consent for Release of Information and Hold Harmless Agreement (AGREEMENT), I REQUEST AND AUTHORIZE Texas Tech University Health Sciences Center (TTUHSC) to obtain, and/or receive from a third party source (MDOR) selected by TTUHSC, criminal history record information (INFORMATION) for the purpose of conducting a criminal background check (CBC) 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 being on school I SHALL report to the Dean or his/her designee such INFORMATION no later than five (5) business days following such charge. The purpose of this INFORMATION is to determine the existence of, investigate any past criminal activity, and evaluate such INFORMATION if a

¹FCRA, 15 U.S.C. Section 1681b.

²FACTA, C.F. R. Section 682.1 et seq.

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 TTUHSC and the affiliated healthcare facilities shall not be held responsible or liable for damages of whatever kind which may result from the improper release or dissemination of the INFORMATION referenced herein above. I EXPRESSLY RELEASE AND AGREE TO HOLD HARMLESS TTUHSC, its officers, directors, board of regents (both individually and collectively), agents, employees, and personnel acting on behalf of 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 healthcare facility, its agents, employees and personnel. Criminal History Record Information is confidential and shall be protected from disclosure to the greatest extent provided by law.

I REPRESENT that I have read this document (or have had it read to me) 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
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Other Names by Which I Am/Have Been Known

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)

Date

SIGNED (Witness or Translator)

Date

*In the event a Student/Trainee, Resident or Fellow is unable to sign, a Witness/Translator should sign on that individual's behalf, indicating that the individual to whom this AGREEMENT applies has been informed and agrees.