

## College of Saint Mary

### Disclosure to Student Applicant Regarding Procurement of a Criminal Background Check

In connection with your application for entry to Health Care Related Programs, please be advised that we will conduct a criminal background check. This is to meet requirements of our affiliated health care agencies where students have their clinical and/or fieldwork experiences.

Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we received the request from you or within 5 days of the time the report was first requested, whichever is later.

It is the student's responsibility to:

- 1) Complete all information in Section I (Personal Information)
- 2) Sign and date Section II (Agreement Authorization)  
Please have a parent sign the form if the student is under 19 years of age.
- 3) Mail the completed form to:  
Attn: Joyce Baltz  
College of Saint Mary  
7000 Mercy Rd.  
Omaha, NE 68106
- 4) This background check must be completed prior to any fieldwork or clinical experience per health care agency requirements.
- 5) Any questions should be addressed to Joyce Baltz, Administrative Assistant to School of Healthcare Professions, [jbaltz@csm.edu](mailto:jbaltz@csm.edu) or (402) 399-2368.

**Background checks must be completed PRIOR TO OR OR THE DAY OF REGISTRATION.**

## INVESTIGATIVE CONSUMER REPORT AUTHORIZATION

In connection with my application to a Health Care Related Program at College of Saint Mary, I understand that a criminal background check may be requested. I hereby authorize and release from any liability, any law enforcement agency, institution, information service bureau, school, employer, personal reference, College of Saint Mary, Secured Data Services or any agent.

### SECTION I PERSONAL INFORMATION

(Please Print)

#### Student Signature Required

Name: \_\_\_\_\_ SSN# \_\_\_\_\_

Current Address Used: \_\_\_\_\_  
Address

City

State

Zip

Prior Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Other Names Used: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

### SECTION II AGREEMENT AUTHORIZATION - College of Saint Mary

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Required if student is under 19 years of age)

**Send Form To:**

Joyce Baltz     [jbaltz@csm.edu](mailto:jbaltz@csm.edu)

College of Saint Mary

7000 Mercy Rd., Omaha, NE 68106

Phone Number: (402) 399-2368

County: Douglas

Fax Number:

State:

(402) 399-2637

Nebraska



Division of Children and Family Services

State of Nebraska  
Dave Heineman, Governor

AGENCY REQUEST FOR INFORMATION FROM THE NEBRASKA  
ADULT AND CHILD ABUSE AND NEGLECT REGISTER/REGISTRY

The State of Nebraska approved this form, any alteration will invalidate it.

I hereby request information from the Nebraska Adult and Child Abuse and Neglect Registry. I agree to use the requested information to determine whether to hire or retain the individual to provide care, custody, treatment, transportation or supervision of children or vulnerable adults.

Agency Name/ Fax: College of Saint Mary 402-399-2637  
Please do not use abbreviations

Address and Phone Number: 7000 Mercy Road Omaha, NE 68106  
402-399-2368

I hereby authorize the Division of Children and Family Services to disclose whether I have an Adult and/or Child Abuse and Neglect Register/Registry record to the above-named agency.

Print Full Legal Name: (applicant) \_\_\_\_\_

Signature (applicant) \_\_\_\_\_

Date \_\_\_\_\_

Current Address: \_\_\_\_\_  
(Street/City/State/Zip)

Applicant Date of Birth \_\_\_\_\_

Applicant Social Security Number \_\_\_\_\_

Other names previously used such as former married names, maiden name and nick names.  
Please Print.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names and birth dates of your children and children who have lived with you. Please Print.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any Address at which you have resided during the past 20 years. Please Print.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_