

Background Check Authorization

Lubbock Christian University Clinical Mental Health Counseling Release and Authorization

Name

First

Last

I, _____, in connection with my intent to pursue practicum in the master's program in Clinical Mental Health Counseling at Lubbock Christian University (LCU), hereby authorize LCU and ScreeningOne, Inc. to perform a background screening check as a condition for entering the clinical experience phase of the CMHC program. I understand and agree to the following:

1. A background check is not only for the benefit of LCU, the Department of Psychology and Counseling, and the CMHC program as sound ethical practice, but also for all fellow students and future clients. It is not a reflection on the student. I have read, understand, and signed the separate [Disclosure](#) concerning my rights.
2. All reports are confidential and provided to LCU for clinical experience pursuit decisions only. Reports are obtained in strict compliance with the Fair Credit Reporting Act, the Americans with Disabilities Act (ADA), anti-discrimination and privacy laws, and all other applicable federal and state laws.
3. I may review or obtain a copy of my report as provided by law. ScreeningOne may be contacted by writing to: ScreeningOne, Inc., 2233 W. 190th Street, Torrance, CA 90504.
4. I authorize and release people, companies, references, current, and former employers, schools, municipal, county, state, and federal agencies and courts, and agencies that provide motor vehicle records, to provide all information that is requested to LCU, the Department of Psychology and Counseling, or ScreeningOne.
5. I further release all of the above, including LCU, the Department of Psychology and Counseling, and ScreeningOne, to the full extent permitted by law, from any liability or claims arising from retrieving and reporting information concerning me.
6. I agree that a copy or a fax of this document shall be as valid as the original.

Signature

Date

6/2/2018

COURTS AND OTHER ENTITIES REQUIRE THE FOLLOWING INFORMATION FOR IDENTIFICATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND IS USED FOR IDENTIFICATION ONLY. YEAR OF BIRTH ENSURES ACCURACY AND AVOIDS DELAY.

Name

First

Middle

Last

Social Security Number

Date of Birth

Former Names

First Name	Last Name	Date of Change
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name on Driver's License

<input type="text"/>	<input type="text"/>	<input type="text"/>
First	Middle	Last

Driver's License or I.D. Number

State of Issue

State

Please provide all addresses where you have lived for the past 7 years, including current address.

Current

Address Line 1

Address Line 2

<input type="text"/>	<input type="text"/>	<input type="text"/>
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City

State

Zip Code

Former

Address Line 1

Address Line 2

<input type="text"/>	<input type="text"/>	<input type="text"/>
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City

State

Zip Code

Former

Address Line 1

Address Line 2

<input type="text"/>	<input type="text"/>	<input type="text"/>
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City

State

Zip Code

Former

Address Line 1

Address Line 2

City

State

Zip Code

Former

Address Line 1

Address Line 2

City

State

Zip Code

Former

Address Line 1

Address Line 2

City

State

Zip Code

Former

Address Line 1

Address Line 2

City

State

Zip Code

May we contact your employer?

Yes

No

If yes, please provide employer contact information.

