CRIMINAL BACKGROUND CHECK RELEASE
Baylor College of Dentistry

THIS FORM TO BE COMPLETED BY INDIVIDUAL
PRIOR TO SUBMITTING REQUEST APPROVAL AND PAYMENT TO THE VENDOR DESIGNATED TO PERFORM CRIMINAL BACKGROUND CHECKS FOR BAYLOR COLLEGE OF DENTISTRY THE TEXAS A&M HEALTH SCIENCE CENTER

The information obtained from this security check is the property of Baylor College of Dentistry. The student has the right to challenge information in a report from this check and have erroneous information removed.

NAME:_____
LAST NAME **FIRST NAME** **MIDDLE NAME**

I hereby authorize any law enforcement agency to furnish Baylor College of Dentistry or its agent information related to my criminal history. I hereby release The Health Science Center Baylor College of Dentistry and all its agents and employees, the law enforcement agency and all employees of law enforcement agencies furnishing information, from all liability resulting from the furnishing of this information to Baylor College of Dentistry. I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief and are made in good faith

SIGNATURE:_____ **DATE:**_____

NOTICE ABOUT INFORMATION LAWS AND PRACTICES

With few exceptions, you are entitled upon your request to be informed about the information collected about you. Under Sections 552.021 and 552-023 of the *Texas Government Code*, you are entitled to have Baylor College of Dentistry correct information about you that is held by us and is incorrect. The information Baylor College of Dentistry collects will be used to determine your eligibility to participate in the programs of the College.

THIS SECTION TO BE COMPLETED BY BCD SECURITY SERVICES

CRIMINAL BACKGROUND CHECK COMPLETED BY:

_____ DATE: _____

CLEARED FOR PARTICIPATION: YES_____ NO____ _____
REVIEWING BCD AGENT

FORMS MUST BE RETURNED TO:
BAYLOR SECURITY OFFICE
ROOM 22
P.O. Box 660677
Dallas, Texas 75266-0677