# ALACOURT FORM
## ATHENS STATE UNIVERSITY
## COLLEGE OF EDUCATION

## BACKGROUND REVIEW CONSENT FORM

**Dear Student,**

**As a general policy in P-12 schools, no person can work in or around a school without having been screened through a background check. Since you are required to complete clinical and field experiences throughout your program, it is important that we assure the schools to which we assign you that you have been screened.**

**That is what you are giving us permission to do when you fill out this form. Please fill in the form and sign the release statement at the end of the form.**

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**NAME:** _____
**Last** **First** **Middle**

**Date of this application:** _____

**Social Security #:** _____ **Drivers License #** _____

**Have you ever been convicted by federal, state or other law enforcement authorities or pleaded *nolo contendere* for violation of any federal law, state law, county or municipal law, regulation or ordinance? (Do not include anything that occurred before your seventeenth birthday). Do not include minor traffic violations.**

| Convictions for what violations | Date | State or Law Enforcement Agency | Disposition |
|---|---|---|---|
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### READ THIS STATEMENT AND SIGN AFTER COMPLETING THE FORM

**By filing any application for clinical or field experiences with Athens State University's College of Education, I agree to abide by all policies as set forth by the University. I authorize full investigation of the information given in this application and consent to the representatives of the University to contact individuals having pertinent knowledge pertaining to my professional abilities, previous employers, schools attended, court officials and law enforcement authorities. I agree to indemnify and forever hold harmless Athens State University, its employees, agents, or assigns regarding all matters arising from or related to the investigation of any matter reasonably related to my readiness to do clinical experiences/field experiences. I also understand that any misstatement or omission of any information requested shall be reason for non-assignment to clinical experiences/field experiences and non-acceptance into the Teacher Education Program at Athens State University.**

**The application and other related data are the property of the Athens State University and will not be returned to the applicant.**

**APPLICANT'S SIGNATURE** _____ **DATE** _____

## Alacourt Form Instructions

- **Complete the form, download, sign and submit accordingly:**
- **Fax to: Attn: Jill Cook, 256-233-8270 OR**
- **Mail to: Attn: Jill Cook, 300 N. Beaty St., Athens, AL 35611 OR**
- **Scan the completed and signed form and email to: Jill.Cook@athens.edu**

**Revised 2/12/07 dp**