

Authorization to Share Background Check Results

I, _____, hereby authorize _____

("School") and/or its affiliate(s) to provide a copy of my legally authorized and obtained criminal background check to The Cleveland Clinic ("Cleveland Clinic" or "CC").

I UNDERSTAND that the sole purpose of sharing this documentation with Cleveland Clinic is to allow CC to confirm my suitability to participate in a CC and School affiliated program under any applicable laws, rules, regulations and policies.

A photo or electronic copy of this authorization shall be valid as an original.

Print Full Name

Signature

Date