

## Background Confidentiality Waiver

I agree to allow the Nursing Department Faculty to view the results of my criminal/child abuse background investigation results. I consent that the Nursing Department can share the results of the Background Clearances with affiliated agencies. I understand that the agency will in turn decide if I am eligible for clinical placement at their facility.

I understand that a copy of these results will be kept in a locked file in the Department of Nursing until the completion of my educational program at Marywood University.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

12/8/14