For Course #/Instructor Social Work

CRIMINAL BACKGROUND DISCLOSURE FORM

NOTE TO STUDENT: You are being required to complete this disclosure form, from which information will be used to complete a criminal background check. This form asks you to disclose information related to acts, crimes, and offenses that may be obstacles to you participating in off-campus field experiences. This process is routine, required, and essential. It serves to comply with state, school-district, and other non-school agency requirements that look to the university to make a "good faith effort" to ensure the safety of all students, patients, and clients being served. Please complete this form thoroughly and honestly.

Please print (for identification purposes only):

NAME: _____ _____ _____

First Middle Last

Other names you have used: *Include any and all other names you go by, including your preferred name on your student records. Failure to disclose may be considered an intentional omission.*

Current Address:

_____ _____ _____ _____

Street City State Zip

If you have LIVED, WORKED OR ATTENDED SCHOOL IN ANY OTHER STATE since you turned 18, please list the states:

Have you ever been charged with a felony or misdemeanor? For this question, this includes OWI and DWI and underage drinking tickets *Note: Failure to disclose* ***any charge*** *(meaning a felony or misdemeanor) may be considered an intentional omission.*

Yes: ☐ No: ☐ If yes, please indicate:

1. Nature of the Offense:

Date of Charge:

Name and Location of the Court:

2. Nature of the Offense:

Date of Charge:

Name and Location of the Court:

Please list additional offenses on a separate sheet

3. Do you have any charges pending against you? Yes: ☐ No: ☐

If yes, pleased indicate the nature of the charges:

Name and Location of the Court or Jurisdiction:

Additional Information:

Attach additional sheets if necessary

College of Education and Human Sciences Authorization to Release Information:

I authorize the University of Wisconsin-Eau Claire (UW-Eau Claire), its agents and employees, to carry out the criminal and sex offender background checks and the Caregiver Background checks through the University designated vendor or equivalent agencies in other states, as part of the admission process and as background for assignment in a Clinical Education Placement, Field Placement, Student Teaching Placement, Practicum, Internship or Intern Program in the College of Education and Human Sciences. I authorize any person or organizations to provide UW-Eau Claire, its agents and employees, any information that may be requested. Such inquiries may include, but are not limited by reason of enumeration, inquiries regarding the quality and quantity of my work, my work history and work record, opinions regarding my character and qualifications, any criminal charges that may be pending against me, and my record of convictions.

If I have been charged with, convicted of, pleaded guilty or no contest to, or forfeited bail for any criminal conduct under law or ordinance, and the nature of the charge or conviction is incompatible with the responsibilities of working in a PK-12 setting, the College of Education and Human Sciences and/or the Office of Field Experience reserves the right to remove the student from the teacher education program. I also acknowledge that during the course of my field experience, internship, practicum or student teaching I shall notify the Field Experience Office as soon as possible, but no later than the next day I am expected to attend my placement, when I have been convicted of any crime or have been or are being investigated by any government agency for any act or offense. I further acknowledge that if I fail to abide by this acknowledgement, the University and the Field Experience Office has the right to immediately terminate my participation in any field placement.

Failure to disclose items truthfully and honestly may be construed as an attempt to conceal information and may possibly lead to my termination in participating in any field placement.

I hereby waive, release and discharge any person or organization, including UW-Eau Claire, its agents and employees from any liability for any loss or damage or any claim for loss or damage that may arise for obtaining, releasing to third parties, or acting upon such information. Specifically, I covenant not to sue UW-Eau Claire, its agents and employees, for releasing any information obtained by virtue of this release to third parties which UW-Eau Claire in good faith, determined is a public record within the meaning of the Wisconsin Public Records Law, sec.19.3 1, et.seg. I give this waiver, release, covenant not to sue for myself, my heirs, assigns, and successors in interest, fully understanding that the information obtained may disqualify me from participation in a UW-Eau Claire College of Education and Human Sciences Clinical Education Placement, Field Placement, Practicum, Internship, Student Teaching Placement or Intern Program.

_____ _____

Signature Date