

**Parent/Legal Guardian Acknowledgement & Authorization for Background Investigation on Minor Child**

In connection with the admission, matriculation and/or experience with clinical sites of my child, \_\_\_\_\_, associated with \_\_\_\_\_, I understand that a background investigation will be conducted on my child which will include, but may not be limited to, criminal record search, Nebraska child and adult abuse registry, social security number report, Office of Inspector General (OIG) Sanction Report, General Services Administration (GSA) Excluded Parties List Report and Sex Offender Registry Report.

My signature below indicates that I have received a copy of this form and I authorize my child to post his/her information to the student background check website and authorize \_\_\_\_\_ to conduct the required background investigation on my child. I release \_\_\_\_\_ and its officers, directors, agents, employees, affiliates, and its agent Verified Credentials, Inc. from any and all liability for any damages which may arise from or relate to any consumer report and/or investigative consumer report and/or other background investigation requested, obtained or used by \_\_\_\_\_.

**Student's Information (Please Print)**

Name: \_\_\_\_\_  
Last First Middle

Other Names Used (first and last names): \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City State Zip Code

If not a citizen, what type of Visa does your child hold? \_\_\_\_\_

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

**Please fax, email or mail a copy of this release, along with The Nebraska Department of Health and Human Services Adult/Child Abuse Protective Services Central Registries "Release of Information" form to:**

Verified Credentials, Inc.  
Attn: Operations  
20890 Kenbridge Court  
Lakeville, MN 55044

Fax: (952) 985-7222

Email: operations@verifiedcredentials.com