

Background Verification Agreement

Student Name _____

School _____

I, _____ do consent and verify that
_____ has received a criminal
background check, and that his or her record meets the Aultman Health
Foundation permissible standards. Aultman honors the partnerships and
maintains that integrity with all programs and students who use the Aultman
facilities.

*If the **school program cannot verify** that this student has received a criminal
background or that he or she meets our permissible standards, then the student
must provide Aultman with a copy of his or her background.

Signature and Title _____

Date _____