

KIRKWOOD COMMUNITY COLLEGE Student Notice and **Consent to Release Information**

I, the undersigned student in the Early Childhood Education program at Kirkwood Community College, understand that participation in service learning and field experience/practicum are part of the early childhood program and that this includes working at affiliating early care and education programs or schools. I acknowledge that this may include experiences with an affiliating early childhood program, school or agency. I further understand that an affiliating agency may from time-to-time establish requirements for on-site participation of Kirkwood students in their service learning or field experience settings and that these requirements may apply to all agency employees and volunteers and that these requirements may be mandated by state, federal or accrediting agencies of the affiliated agency. I understand that for me to obtain employment in early care and education programs or for future licensure as a teacher or paraeducator I will need to submit to full criminal record checks including the following: (please initial each requirement):

\_\_ 1) Background Record Checks. Submission of my name (including all current and former last names and aliases) to criminal record, dependent adult abuse, child abuse and sex offender checks ("Background Record Checks"). I understand that it is my on-going obligation as a program participant to report any criminal activity or abuse events in which I am involved if such activity or event occurs after the Background Record Checks have been performed. I grant Kirkwood permission to submit my name for Background Record Checks with the FBI finger printing to be performed and to release the results to the applicable affiliating agency, so I may be screened by the applicable agency to determine if I may be placed as a student intern in service learning or field experiences.

\_\_ 2) I further understand that affiliating programs/schools have the right to establish requirements for participation in practicum or field experiences and that the requirements may include submission to criminal record, dependent adult abuse, child abuse and sex offender checks based upon all current and former last names and aliases.

\_\_ 3) I understand that it is my responsibility to request an additional background check if any further criminal activity or abuse events occur after the start of the program.

\_\_ 4) I understand and agree that if I am excluded from for participation in service learning, practicum or field experience because of a Criminal record OR if I am not accepted by an affiliated program or school for a field experience or course involving contact with children because I refuse to follow policies and procedures that are required by an affiliating agency in order to participate in an experience, I may be unable to complete my program of study and graduate from the early childhood program.

\_\_ 5) I understand that full Criminal Record checks must be complete every two years, and that if I have not completed the program within two years I will be required to complete another record check.

I hereby release Kirkwood Community College, its employees, and all affiliating programs or schools from any liability with regard to my participation in a field experience or course requiring direct contact with children and decisions made concerning my participation in such experience.

I understand these records will be placed in my Kirkwood Community College student file.

**Please Print**

Name: \_\_\_\_\_ Social Security Number and k number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Full Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date of Appt: \_\_\_\_\_

TO BE COMPLETED BY STUDENT AND TAKEN TO BACKGROUND CHECK APPOINTMENT