

**AVANTI CAREER INSTITUTE
C.N.A. STUDENT HANDBOOK 2009-2010**

CONSENT FOR CRIMINAL BACKGROUND CHECK

I, _____, understand that the school will require a criminal background check from the Michigan Department of State Police. I understand this information will be held confidential and does not necessarily mean I would not be eligible for acceptance in the school program.

I, _____, consent for the school to obtain a copy of my criminal conviction record from the Michigan Department of State Police.

_____ Student's Signature	_____ Date
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Please complete the information below if you have given permission to the school to obtain a criminal background check.

Full Name: _____

Maiden or other name(s) used: _____

Social Security Number: _____

Date of Birth: _____

Michigan Driver's License Number: _____

ATTACH A COPY OF DRIVER'S LICENSE OR STATE ID

ATTACH A COPY OF SOCIAL SECURITY CARD

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**CONSENT FOR ALCOHOL AND DRUG SCREENING AND RELEASE OF
LIABILITY**

I, _____ provide my consent to Avanti Career Institute and its designated laboratory to collect blood, breath or urine samples from me and to conduct other necessary medical tests to determine the presence or use of alcohol and/or controlled substances at any time requests a test in accordance with the school's policy.

I understand that certain medications may be identified in any drug testing and I have provided or will provide, prior to taking of any samples used in the drug and/or alcohol test, a list of all drugs I am taking, including over-the-counter medications.

I release and discharge the school and the testing laboratory selected by the school as well as their officers, employees and agents from any and all claims or potential claims or actions relating to such testing, including the taking of the sample(s), the testing process procedures and analysis and the disclosure and utilization of the test results in considering my enrollment in the training program.

Are you taking any medications (prescribed or over-the-counter) presently or within the past two weeks? If yes, please list: _____

Specimen Collect Date: _____

Specimen Given To: _____

AGREED:

Student Signature

Date

Witness Signature

Date

