

Addendum I – Background Check Agreement

BACKGROUND CHECK AGREEMENT

I, (please print) _____ verify that my background check will be clear of any Felony Convictions. I understand that if my background check shows any Felony Convictions I will be dismissed from the program and I will forfeit my tuition. I also understand that I will not be issued a clinical grade until my unopened formal background check has been received and verified by the Respiratory Therapy Program Director of Clinical Education.

LU RTP RTS Signature: _____ **Date:** ____/____/20____

(Printed Name): _____