



**SCHOOL OF HEALTH AND REHABILITATION SCIENCES**  
**BACKGROUND CHECK STATEMENT OF UNDERSTANDING**

I have read and understand the Background Check Policy and Procedure and understand that I will be required to pass an annual background check prior to my clinical education experiences as a student of the Health and Rehabilitation Sciences. Failure to successfully pass the background check could result in my disenrollment from the \_\_\_\_\_ program.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

OSU Student ID# \_\_\_\_\_

OSU E-mail \_\_\_\_\_

*Return this form to your Division by September 31<sup>st</sup>, 20\_\_\_\_\_*