

**Criminal History Background Check, Release Form:**  
**Pierce College Dental Hygiene, due 1/22/10**  
**Applicant Notification: Washington State Patrol**

**Pursuant to RCW 43.43.830.842, employees and volunteers who provide service to developmentally disabled persons, vulnerable adults, and/or children under the age of 16, must successfully pass Washington State Patrol criminal history background checks as a condition for licensing or certification. You may be ineligible to pursue certification or licensure in your profession based on the results of the Washington State Patrol criminal history background checks.**

Due to the above RCW 43.43.830.842, the Pierce College Dental Hygiene Program requires all applicants to submit to a Washington State Patrol criminal history background check because students enrolled in an educational program that requires the above experiences may result in a student's ineligibility to complete the Program requirements should they fail the background check. Should the applicant's Washington State Patrol criminal history background check pose a possible ineligibility to participate and/or complete the Program requirements, they will be notified immediately in writing.

Inability to participate in the Pierce College Dental Hygiene Program requirements and experiences due to information obtained from the Washington State Patrol criminal history background checks will result in denial of acceptance into the Pierce College Dental Hygiene Program.

If you have any questions or concerns about your ability to pass a Washington State Patrol criminal history background check, pursue your education, or practice in the profession, please make arrangements for a confidential appointment with the Dental Hygiene Program Director at: 253-964-6695

I have been notified by PIERCE COLLEGE FORT STEILACOOM that Washington State Patrol Criminal History Background Checks will be conducted on me.

***I give permission to PIERCE COLLEGE FORT STEILACOOM DENTAL HYGIENE PROGRAM to release the results of my Washington State Patrol Criminal History Background Checks to the clinical sites to which I will be assigned.***

Date (mm/dd/yyyy): \_\_\_\_\_

Signature: \_\_\_\_\_

***Print or type all the below data.***

Name:		SS #:	
Address:			
City/State:		Home Phone #:	
Zip Code:		Cell Phone #:	
Email address <b>(required)</b> :			
Birthdate (mm/dd/yyyy):		Gender (Circle One): <b>M</b> <b>F</b>	

**\* Your social security number is confidential and is protected under federal law called the Family Educational Rights & Privacy Act. The college will protect it from unauthorized use and/or disclosure. In compliance with state/federal requirements, disclosure may be authorized for purposes of state and federal aid, Hope/Lifetime Learning tax credits, academic transcripts, assessment or accountability research.**