



**Authorization for Pre-Clinical  
Background Check**

<b>Last Name</b>		<b>First</b>	<b>Middle</b>	<b>Social Security Number</b>
<b>Alias Last Name</b>		<b>First</b>	<b>Middle</b>	<b>Date of Birth</b>
<b>Race</b>		<b>Gender</b>		
		<b>Female</b> <input type="radio"/>	<b>Male</b> <input type="radio"/>	
<b>Driver's License Number</b>	<b>Issued in the State of</b>		<b>Will Operate College Vehicles?</b>	
			<b>Yes</b> <input type="radio"/>	<b>No</b> <input type="radio"/>
<b>Physical Address (Post Office Box, APO, RFP etc. are not acceptable)</b>				
<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	
<b>Home Telephone Number (Including Area Code)</b>				
<b>Course Number</b>		<b>Course &amp; Section #</b>		<b>Date</b>
I authorize Hillsborough Community College to conduct a background investigation. I understand that my participation in this program with Hillsborough Community College may be determined in whole or in part from the report received from the background check.				
<b>Signature of Applicant</b>			<b>Date Signed by Applicant</b>	