

Palms Beauty Academy

Background Check Authorization and Consent Form

Applicant/Student Information

Full Name: _____

Other Names Used (if any): _____

Date of Birth: _____

Social Security Number (Last 4 Digits Only): _____

Driver's License Number/State: _____

Current Address: _____

Phone Number: _____

Email Address: _____

Disclosure and Authorization

I understand that as part of the application, enrollment, employment, externship, internship, or clinical placement process, a background investigation may be conducted by or on behalf of the institution.

This investigation may include information regarding, but not limited to:

- Criminal history records
- Employment verification
- Educational verification
- Professional license verification
- Driving records, where applicable
- Sex offender registry checks
- Other public records permitted by law

I understand that the information obtained will be used solely for legitimate educational, employment, clinical, or administrative purposes.

By signing this form, I voluntarily authorize the institution and/or its designated agents to obtain and review background information as permitted by applicable federal, state, and local laws.

I certify that the information provided by me is true and complete to the best of my knowledge. I understand that falsification or omission of information may result in denial of admission, dismissal, termination, or removal from participation in clinical or externship activities.

I understand that I may have rights under the Fair Credit Reporting Act (“FCRA”), including the right to request additional information regarding the nature and scope of any investigative consumer report, if applicable.

Consent

I have read and understand this Authorization and Consent Form. By signing below, I authorize the institution and its representatives to conduct a background check consistent with applicable laws and institutional policies.

Signature Section

Student Printed Name: _____

Signature: _____

Date: _____

Signature Section

Parent/Guardian Printed Name: _____

Signature: _____

Date: _____

Institutional Use Only

Processed By: _____

Date Processed: _____

Notes: _____

