RUTGERS
Robert Wood Johnson
Medical School

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CRIMINAL BACKGROUND CHECK APPLICATION NOTIFICATION

Student Authorization for Criminal Background Check

In order to complete your educational program at Rutgers Robert Wood Johnson Medical School, the performance of a completed criminal background check is required.

By the completion of this form, I am notifying the Rutgers RWJMS Administration that I am ordering a Background Check to be conducted on my behalf through the online services of *CastleBranch*, provided by Rutgers Robert Wood Johnson Medical School. I understand that the completion of their application and payment for the Background Check is entirely my responsibility. Additionally, if the request of this Background Check is for the purposes of satisfying requirements to attend courses at Rutgers RWJMS, I understand that the results of this report must be received prior to the start of such courses.

I acknowledge that the results of the Background Check will be reported and viewable to me and to the administration at Rutgers Robert Wood Johnson Medical School.

By completing this form, I hereby release Rutgers Robert Wood Johnson Medical School, its affiliated entities, employees and agents from all liability for requesting and/or acting based on the results of this report.

Name (please print): _____ ___ _____
(First Name) (M.I.) (Last Name)

Signature: _____ Date: _____

Please return this form, completed & signed, to the address listed above.