

Columbus County - Field Experience

1. Complete and submit the following documents:
 - a. Release and Authorization Form- Page 2
 - b. Submit a copy of your Driver's License
 - c. Submit a copy of your Social Security Card
2. Submit all completed documents through the Microsoft Form link available on the Field Experience website.
3. Placement confirmations will be provided by the Office of Educator Engagement and Student Success and reflected in the Brave Educator Dashboard. Be sure to check the dashboard regularly for updates.

Questions? Please contact the Director of Educator Engagement and Student Success, Dr. Kamina Fitzgerald, kamina.fitzgerald@uncp.edu



UNIVERSITY CLINICAL EXPERIENCE/INTERNSHIP RELEASE AND AUTHORIZATION FORM

In connection with my request to complete university field experience/internship with Columbus County Schools, I hereby authorize Columbus County Schools and Screening One, Inc. to perform a criminal background screening check. I understand and agree to the following:

1. A background check is not only for the benefit of Columbus County Schools as a sound business practice, but also for the benefit students and employees.
2. All reports are confidential, and provided to Columbus County Schools for clinical experience/internship decisions only.
3. I may review or obtain a copy of my report as provided by law. Screening One, Inc. may be contacted by writing to: Screening One, Inc. 2233 West 190th Street, Torrance, CA 90504.
4. I authorize and release people, companies, references, current and former employers, schools, credit bureaus, municipal, county, state and federal agencies and courts, and agencies that provide motor vehicle records, to provide all information that is requested by Columbus County Schools or Screening One, Inc.
5. I further release all of the above, including Columbus County Schools and Screening One, Inc., to the full extent permitted by law, from any liability or claims arising from retrieving and reporting information concerning me.
6. I agree that a copy or fax of this document shall be valid as the original.

Signature _____ **Date** _____

COURTS AND OTHER ENTITIES REQUIRE THE FOLLOWING INFORMATION FOR IDENTIFICATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND IS USED FOR IDENTIFICATION ONLY. YEAR OF BIRTH ENSURES ACCURACY AND AVOIDS DELAY.

PLEASE PRINT INFORMATION REQUESTED BELOW

FIRST NAME	
MIDDLE NAME	
LAST NAME	
VALID DRIVERS LICENSE (COPY OF LICENSE MUST BE ATTACHED)	
SOCIAL SECURITY NUMBER (COPY OF CARD MUST BE ATTACHED)	
DATE OF BIRTH	
ADDRESS (911)	
CITY	
STATE	
ZIP	
TELEPHONE NUMBER	
UNIVERSITY/COLLEGE ATTENDING	