



TECHNICAL STANDARDS LAW ENFORCEMENT

BACKGROUND CHECK & DRUG SCREEN DISCLOSURE STATEMENT

1. I understand and acknowledge, as a requirement for my desired program, I must successfully pass a drug screening, criminal background check, or both, at my own expense by the date given to me by Southeast Tech.
2. I understand failure to pass the drug screening, background check, or both, by this date may result in my immediate termination from the program.
3. I understand the results of a drug screening, criminal background check or both may affect my eligibility to continue in the program. Furthermore, I understand that the results of a drug screening, background check, or both, may also affect my eligibility to attend an internship site and/or my eligibility to take specific courses in my program.
4. I understand the results of a drug screening, criminal background check, or both, may affect my eligibility to take a board/certification exam or gain employment in my desired program career field.
5. I understand any incident reported on my criminal background check may require additional expense and documentation submission for certification exam approval prior to the start of core program courses.

I have read this agreement and I understand its contents. I understand I am responsible for meeting the requirements set forth in this agreement.

Name _____ ID # _____

Signature _____