

**PARKER UNIVERSITY
RADIOLOGIC TECHNOLOGY PROGRAM**

Criminal Background Check and Drug Screen

I have read the Parker University Criminal Background Check & Drug Screening Policy/Waiver and understand my responsibility in the criminal background and drug screening process.

Furthermore, I understand that it is my responsibility to report any changes in the status of my criminal background history to the Program Director immediately. Should I become involved in criminal activity after program acceptance, in which the initial criminal background clearance status becomes compromised, I will be withdrawn from the program. The program and the university will not modify the curriculum for students who have an unsatisfactory criminal background status.

Student Name (print) _____ Date _____

Student Signature _____