



**AUTHORIZATION AND RELEASE FORM FOR OBTAINING  
PENNSYLVANIA STATE POLICE/FBI CRIMINAL HISTORY  
BACKGROUND**

Effective July 1, 1998, Conemaugh Health System and its affiliates is required by Pennsylvania law to require Conemaugh students to submit for processing a Pennsylvania State Police/FBI criminal history background check in accordance with the Older Adult Protective Services Act.

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I hereby affirm that I have not been convicted of one of the offenses designated in the **Older Adult Protective Services Act, 169 of 1996, as amended by Act 13 of 1997.**

I understand that if I have not resided in the Commonwealth of Pennsylvania for two years prior to enrollment, I must submit a full set of fingerprints to the Pennsylvania State Police for forwarding to the Federal Bureau of Investigation for a national criminal history check.

**(Check one)**

- I have been a resident of Pennsylvania for two (2) years or more prior to the date of signing this form.
- I have not been a resident of Pennsylvania for two (2) years or more prior to the date of signing this form.

I agree to cease attendance at Conemaugh Memorial Medical Center's Educational Programs in the event the Pennsylvania State Police or FBI Criminal History Background Report indicates I have been convicted of one of the prohibitive offenses.

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Print Name

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Signature of Student

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Date

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Pennsylvania Resident  
(Number of Years)