RELEASE FOR CRIMINAL BACKGROUND CHECK

Due to the nature of the practice of anesthesia – including continuous responsibility for the lives and well-being of

patients and having continual access to scheduled substances – individuals with criminal records generally are not

suitable candidates for participating in the Master of Medical Science Program, Department of Anesthesiology,

Emory University School of Medicine. In so far as students are present and participate in the clinical practice of

anesthesia, Emory University will perform a criminal background check on each applicant to the Master of Medical

Science Program. Applicants must complete and submit a release form with their application document. Results

from the [**CastleBranch background**](https://discover.castlebranch.com/) check will be used in evaluating the applicant’s eligibility for admission.

APPLICANT

(1) Enter your full name on the line below.

(2) Sign and Date.

(3) Return PDF results and Passcode

(4) **Use: mo17ga- In State or mo17- Out of State**

Consent to Release of Personal Records and History

I, Click or tap here to enter text., hereby give permission to Emory University through its

Police Department and its employees and agents to perform a criminal background check in accordance with the

laws of Georgia, which background check is required by Emory University as a condition of participation in Emory

University’s clinical education programs. Further, I give permission to Emory University’s Police Department to

share the information gained from said background check with Emory University’s Master of Medical Science

Program in the Department of Anesthesiology for use by that Program in evaluating eligibility for admission and

participation and to provide to any of its clinical education sites (which current sites are listed on the following page

and for which an updated listing will be posted in the Program Office of the Master of Medical Science Program,

Department of Anesthesiology, Emory University School of Medicine) for the purpose of fulfilling participation

requirements with said clinical education sites.

Click or tap here to enter text. Click or tap to enter a date.

SIGNATURE DATE

PASSCODE: Click or tap here to enter text.