



Self-Reporting Requirements

I understand that my program acceptance is tentative until confirmation is received by the college from the Department of Justice on my background disclosure information.

From the time I complete the Background Information Disclosure form until I graduate from or drop the program, I understand that if I am charged with or convicted of a crime or if I am being investigated for any violation of a state or federal law, I must report this to the **Lakeshore Technical College program dean within seven school days**. I understand and acknowledge that (1) this investigation may result in my suspension from practicums which may delay or prevent my graduation from the program; (2) my failure to report will result in my removal from the program.

I understand that a further background check will be conducted at the time of clinical affiliation. I also understand that after the initial background check, Lakeshore Technical College may conduct a new background inquiry at any time the program Dean has reason to believe that a further background check should be conducted. I am informed and understand that all background checks are obtained at the expense of the student.

Name: _____

Social Security Number: _____

Signature: _____

Date: _____

Return the White copy to LTC.
Keep the yellow copy for your records.