



**Employee as Student/Faculty  
Attestation form for Background Check**

**To be completed by Employee:**

Name: \_\_\_\_\_  
*First Middle and/or Maiden Last*

Birthdate: \_\_\_\_\_ Last 5 of SSN: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

College/University: \_\_\_\_\_

Academic Program: \_\_\_\_\_

Location of Prisma Health academic placement: \_\_\_\_\_

**Release:**

- I agree to allow the Prisma Health Human Resources Department to provide data regarding my background check report for the purpose of student/faculty clearance.

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please submit this form via the People Portal ([view instructions](#)). Once the bottom portion is completed, the form will be available as an attachment on that platform.*

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**To be completed by Prisma Health Human Resources Department:**

I acknowledge the following:

- The employee's background check report is on file with Human Resources and meets requirements for student/faculty clearance and compliance requirements.
- Background check report documentation is available upon request by Prisma Health Student Affairs Administration for auditing purposes only.

HR Representative Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_