

Student Internship Background Check Consent

I hereby authorize and consent to a background check in connection with my application for an internship. I understand that the background check may include verification of personal information, education, criminal records, and other relevant information as permitted by law.

Student Information

Full Name

Date of Birth

Student ID

Contact Number

Email Address

Consent

By signing below, I acknowledge that I have read and understood this consent form and authorize the background check as stated above.

Student Signature

Date

Parent/Guardian Signature (if under 18)

Date