



Human Resource Services

**Background Check Request
(Student Medical/Clinical Internship)**

Revised: May 2025

Student Intern Information	
Legal last name:	
Legal middle name:	
Legal first name:	
Email address:	
Phone #:	

Program Information	
Program title:	
Org # to charge:	

Process: Human Resource Services will contact the student listed above to collect information necessary to initiate a Student Medical/Clinical Internships background check through HireRight and the Washington State Patrol (WATCH) after receiving this completed form and verifying the information provided is complete and accurate. The results of the background check will be provided by Human Resource Services to the Dean or designee listed below or the supervisor of the person listed below.

Authorization: The Dean or designee signing below acknowledges that the information provided above is accurate and authorizes Human Resource Services to contact the identified student for the purpose of conducting a Student Medical/Clinical Internship background check. Additionally, the signature below affirms that the background check results provided to the Dean or designee will be kept in a secure location and only shared as required by the medical/clinical facility.	
Dean or designee name (please print)	Dean or designee signature
Date:	

For Human Resource Services use			
Background checks initiated by:		Date:	
Date completed:	WATCH:	HireRight:	