

Sherry Carpenter
Supervisor, Substitute Teacher Registry

Consent Form For Fingerprinting And Criminal History Search of Prospective Employees

SECTION 1

Social Security Number: Name:

Mailing Address: City: State: Zip:

Phone Number Date Of Birth State or County of Birth

Height: inches Weight: Sex: Race: Hair: Eyes:

Applicant's E-Mail:

Each applicant will receive by e-mail a "no -charge authorization code" provided by the Teacher Registry office needed to complete the payment process at their appointment

I am applying for Clearance for Employment. School District/ BOCES/Charter School Contract Service Provider

Position Title _____

Fingerprinting Contact Person

School District

Signature of Employee Representative or Fingerprinting Contact Person: _____

SECTION 2

1. I have been informed of the procedures and my right to obtain, review, and challenge the accuracy and completeness, where appropriate, of my criminal history information pursuant to regulations and procedures established by DCJS and the FBI.
2. I understand that I have the right to withdraw my application for employment, without prejudice any time before employment is offered or declined, regardless of whether a prospective employer or I have reviewed my criminal history information.
3. I have been advised that the criminal history record forwarded to the Commissioner by DCJS and the FBI shall be confidential pursuant to the application federal and state laws, rules and regulations and shall not be published or in anyway disclosed to persons other than the Commissioner unless otherwise authorized by law. I understand however, that certain information regarding subsequent arrest notifications received by the Commissioner shall be forwarded to my employing school district, charter school or board of cooperative educational services.
4. I understand that the fee for DCJS and the FBI to conduct a fingerprint supported criminal history background check is established at \$102.00. In order for the Commissioner to process my application my prospective employer or I must pay the required fee.
5. I have been informed of my right to request that my fingerprints be destroyed when I am no longer employed at a school district, charter school or board of cooperative educational services. I also understand that in the event my employment is terminated and I have not become employed in the same or another school district, charter school or board of cooperative educational services within twelve months of such termination, the Commissioner shall notify DCJS and the FBI of such termination and the record of my fingerprints for the purpose of employment shall be destroyed.
6. I have read this consent form and hereby authorize and consent for the Commissioner of Education to use my fingerprints to secure my criminal history record from DCJS and the FBI. I declare and affirm that the fingerprints submitted are my own, and that the information I entered on this consent form are true and accurate. I do authorize NYSED to obtain and review criminal records, including arrests, and dispositions as part of their background investigation of my suitability for employment.

The fingerprint consent form will remain valid for 30 days from the signature date

By checking this Box and typing your name in the box you acknowledge that the above information is true.

Employee's Signature: _____

Date: _____

After submitting form by e-mail print a copy for your records and have the prospective employee sign below .

Employee's Signature