



OSPRA 101 (06/03)

Consent Form For Fingerprinting And Criminal History Records Search of Prospective Employees And Applicants For Certification

Office of School Personnel Review and Accountability
NYS Education Department
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*For Fiscal Use Only
Leave Blank*

Instructions to Applicant:

- Please **completely** fill out sections 1, 2 and 5 on this form prior to submission.
- If you are seeking clearance for employment, have the prospective employer complete sections 3 and 4.
- Fill out the top portion of the fingerprint cards **completely** in accordance with the sample fingerprint card.
- Get a bank check, certified check, money order or employer check for \$99 (effective 7/1/03) payable to the New York State Education Department. **No personal checks accepted.**
- Take the completed OSPRA 101, the completed fingerprint cards and the \$99 fee to the fingerprint location to get fingerprinted. Get fingerprinted. Sign the fingerprint card.
- Mail the completed OSPRA 101, the completed fingerprint cards and the \$99 fee to OSPRA in the preaddressed stamped envelope.

Type or print all information. Inaccurate, incomplete or illegible information will delay processing.

SECTION 1

Social Security Number:		Name (Last, First, Middle Initial):					
Mailing Address:							
City:	State:	Zip:	Telephone number & area code:				
Date of Birth (00/00/0000):	State or Country of Birth:	Height:	Weight:	Sex:	Race:	Hair:	Eyes:

SECTION 2

Please choose (✓) one of the following (or both, if applicable):

- I am or will be applying for Teacher or Administrator Certification I am applying for Clearance for Employment

SECTION 3

(This section MUST be completed by the prospective employer if you are seeking clearance for employment)

<input type="checkbox"/> School District/ BOCES/Charter School	<i>Charter Schools: Please contact OSPRA if you do not know your BEDS #</i>	<input type="checkbox"/> Contract Service Provider
Prospective Employer Name:	First six digits of school BEDS #:	Federal Tax ID number:
Employer Address:		Title of Position of Prospective Employee:
Fingerprinting Contact Person:	Contact Phone #:	Identify who is paying the \$99 (effective 7/1/03) fingerprinting fee:
		<input type="checkbox"/> Prospective Employee <input type="checkbox"/> School/Employer
Signature of Employer Representative or Fingerprinting Contact Person: _____		

SECTION 4

(This section MUST be completed by the Contract Service Provider "CSP" if the prospective employer is a CSP)

Name of primary district in which the prospective employee will work; this district will receive the clearance for employment, not the CSP (a 102 must be completed for each additional district):	First six digits of BEDS code of Primary District

SECTION 5

1. I have read "Fingerprinting Information and Instructions" (OSPRA 100) issued by the State Education Department and understand that the Commissioner of Education is required by law and regulation to request a fingerprint-supported criminal history record from the Division of Criminal Justice Services (DCJS) and the Federal Bureau of Investigation (FBI). The Commissioner is authorized to review such information for the purposes of issuing a clearance for employment or the certificate for which I have applied.
2. 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.
3. 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.
4. I understand that I may submit to the Commissioner any information that may be relevant to the consideration of my application including, where applicable, information in regard to good conduct and rehabilitation.
5. I have been advised that the criminal history record forwarded to the Commissioner by DCJS and the FBI shall be confidential pursuant to the applicable federal and state laws, rules and regulations and shall not be published or in any way 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.
6. I understand that the fee for DCJS and the FBI to conduct a fingerprint supported criminal history background check is established at \$99.00. I can apply for a "fee waiver" from my prospective employer if such fee would cause an unreasonable financial hardship. In order for the Commissioner to process my application, my prospective employer or I must enclose the \$99.00 fee by certified check, money order, or school check payable to the New York State Education Department.
7. 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 of such termination and the record of my fingerprints for the purpose of employment shall be destroyed.
8. **I understand that no clearance for employment will be issued unless my prospective employer has completed Section 3.**
9. **If I am an applicant for certification, I understand that receipt of my certificate is the only documentation that I will receive indicating that my fingerprints have been cleared, unless I am also seeking clearance for employment and have had my prospective employer complete Section 3.**

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 the fingerprint cards and this consent form is true, complete 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.

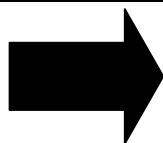
Applicant Signature: _____ Date: _____

SECTION 6

Name and Address of Agency Where Fingerprint Services Performed:	

SECTION 7

Mail completed packet to:
(consent form, fingerprint cards and a certified check, money order, or school check for \$99 payable to the New York State Education Department)



Fingerprint Processing
NYS Education Department
PO Box 7352
Albany, NY 12214-0349