

OSPRA 101

6. 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and the FBI shall be confidential pursuant to the applicable federal and state laws, rules and regulations and shall not be published or in any way disclosed to persons other than the Commissioner unless otherwise authorized by law.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.
7. I understand that the fee for DCJS and the FBI to conduct a fingerprint supported criminal history background check is established by law.
8. 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 will notify DCJS of such termination and the record of my fingerprints for the purpose of employment shall be destroyed.

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 is true, complete and accurate. I do authorize NYSED to obtain and review my application, criminal records, including arrests, and dispositions as part of their background investigation of my suitability for employment.

Applicant Signature: _____ Date: _____

Covered School s
Fingerprint Coordinator: _____ Date: _____

Form to be retained by Covered School.