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Office of Educator Effectiveness
and Licensure
Building 6, Room 304
1900 Kanawha Boulevard, East
Charleston, WV 25305
Telephone: 304-558-7010
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Form 7—Applicant Consent/Release of Background Results		
Social Security Number: _____		
Last Name: _____		First Name: _____ MI: _____

Consent Agreement
<p>Police records: I hereby request a record check be made to find any police record on me, the individual named below, and by submitting this request, I understand that the submitted information will be retained by the West Virginia State Police in the Automated Fingerprint Identification System. I am authorizing that the results of the record check be released to the West Virginia Department of Education (WVDE) for official business purposes.</p> <p>Other Information: I hereby authorize any representative of the WVDE bearing this release or a copy of this release to obtain information pertaining to my personal background including, but not limited to, academic, athletic, achievement, attendance, personal history, disciplinary action, medical, credit or any other records regarding me. This release is executed with the full knowledge and understanding that the information is for the WVDE's official use. I further consent to the WVDE providing such information to any out-of-state educational agency should I apply for licensure in that state or already have been issued a license in such state. I further consent to the WVDE furnishing such information described above to third parties if necessary to the WVDE fulfilling its official responsibilities regarding my West Virginia application upon execution by such third parties confidentiality agreement. I hereby release any individual, agency and institution from any and all liability for damages of whatever kind which may result from complying or attempting to comply in good faith with this authorization and request to release information. I may be contacted at the address indicated below should there be any questions as to the validity or authenticity of this release.</p>

Applicant Consent/Release of Information to County Board of Education/IHE
<p><input type="checkbox"/> Check this box to release the results of the WV State Police criminal history background check to a county board of education for purposes of employment or student teaching.</p> <p><input type="checkbox"/> Check this box to release the results of the WV State Police criminal history background check to _____ (IHE) for the purposes of student teaching placement.</p> <p>_____ Signature IHE Official Date _____ <small>(Requesting CIB results of applicant if within 90 days and with consent)</small></p> <p><small>I understand according to W. Va. Code §18A-3-10, upon my written consent to the WVDE and within ninety (90) days of the State Police fingerprint analysis that the results of said analysis may be provided to a county board of education with which I am applying for employment without further cost to me. I understand that if I do not consent, I will have to undergo an additional state check for employment as per W. Va. Code §18-5-15c and I may be responsible for the cost of the background check.</small></p> <p style="text-align: right;">APPLICANT INITIAL HERE:</p>

Applicant Consent
<p>_____ Printed Full Legal Name</p> <p>_____ Current Address</p> <p>_____ Signature Date _____</p>

West Virginia County Board of Education Request for Criminal Identification Bureau Results
<p>I verify that the individual identified below will be hired or has been hired by the _____ County Board of Education or will be placed in one of the county's schools to complete a student teaching experience. I am requesting that the results from the CIB be forwarded to this office if the applicant has undergone a background check for a permit or initial licensure within the last ninety (90) days and has consented to their release.</p> <p>_____ Name of Individual</p> <p>_____ Social Security Number</p> <p>_____ Signature of Superintendent Date _____</p>

Verification of Notary Public
<p>_____ State County _____</p> <p>Taken, Subscribed and Sworn Before Me this _____ Day of _____, 20____.</p> <p>My Commission Expires _____.</p> <p>_____ Signature of Notary Public</p>

Requirement
<p><small>According to W. Va. Code §18-A-3-10, any applicant for an initial license issued by the West Virginia Department of Education (WVDE) shall be fingerprinted by the West Virginia State Police in accordance with West Virginia Board of Education Policy 5202 in order to determine the applicant's suitability for licensure. The fingerprints shall be analyzed by the State Police for a state criminal history record check through the central abuse registry and then forwarded to the Federal Bureau of Investigation (FBI) for a national criminal history record check. Information contained in either the central abuse registry record or the FBI record may form the basis for the denial of a certificate for just cause. The applicant for initial certification pays for the cost of obtaining the central abuse registry record and the FBI record. Upon written consent to the WVDE by the applicant and within ninety days of the state fingerprint analysis, the results of a state analysis may be provided to a county board with which the applicant is applying for employment without further cost to the applicant. Information maintained by the WVDE or a county board of education which was obtained for the purpose of the criminal history check is exempt from the disclosure provisions of chapter twenty-nine-B of West Virginia Code. Nothing in this section prohibits disclosure or publication or information in a statistical or other form which does not identify the individuals involved or provide personal information.</small></p>