



Doctors of Academics

LEARNING ACADEMY

1503 S US 301 TAMPA, FL 33619

813-856-9679

Fingerprinting Requirements

All employees and volunteers are required to conduct a level two background screening using our VECHS number. Our Volunteer ORI number is **V29040276**

Please feel free to choose a vendor of your choice.

Please try to have your background check scheduled before the day of your event. If choosing a different vendor be sure to specify your are needing a level 2 VECHS fingerprint appointment.

X _____

VECHS APPLICANT **WAIVER AGREEMENT** **AND STATEMENT**

For Criminal History Record Checks

This form shall be completed and signed by every current or prospective employee and/or volunteer.

I hereby authorize (*enter Name of Qualified Entity*) Doctors of Academics Learning Academy to submit a set of my fingerprints and this form to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI). Pursuant to Title 28, Code of Federal Regulations (CFR), Sections 16.30-16.34 and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer.

I understand that, my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications and that upon request you may provide me a copy of the criminal history record report, and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in F.S. 943.056 and Title 28, CFR, Section 16.34. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee and/or volunteer.

A national criminal history record check has previously been requested by:

(Name and Address of Previous Qualified Entity)

(Year of Request)

I ☐ have OR ☐ have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

I ☐ do OR ☐ do not authorize you to release my criminal history records, if any, to other qualified entities.

I am a current or prospective (check one): ☐ Employee ☐ Volunteer

Signature: _____ Date: _____

Printed Name: _____ Date of birth: _____

Address: _____

ORIGINAL- MUST BE RETAINED BY QUALIFIED ENTITY