

OSPRA 104 (/)

Authorization to Forward Criminal History Record Information from the City School District of the City of New York to the New York State Education Department

Office of School Personnel Review and Accountability
NYS Education Department
S K: (518) 473-2998

KWWS ZZZ Q\VHG JRY HGXF

Type or Print All Information V X E P L W 1 < 6 H I Q V L R Q

6 X E P L W W K L V R F R P S O H W Z H G I
< R U N & L W \ ' 2 (' L Y L V L R Q R I + X P D G
& D S L W D O E \ X V L Q J W K H + 5 & R Q Q H
3 R U W D O 6 H H 6 (& 7 , 2 1 E H O R Z

, Q V W U X F W L R Q V W R \$ S S O L F D Q W: Please complete Sections 1, 2 and 3 and 6 X E P L W Section 4

Please Note This form is to be filed by individuals who have been previously fingerprinted (after July 1, 1990) for a license and/or employment by the New York City Board of Education (NYCBOE) and are authorizing the NYCBOE to forward their criminal history to the New York State Education Department for certification application and/or employment purposes.

SECTION 1

(Inaccurate or incomplete information will delay processing)

Name: (Last) (First) (Middle) * H Q G W I E ;)

Home Address: (Street, Apt. #) Social Security Number

City, State, Zip: Telephone (Area Code and Number)

E-mail Address: Date of Birth (Month, Day, Year)

SECTION 2

Please choose one of the following:

I am leaving or have left the employ of the NYCBOE and am seeking clearance for certification and/or employment.

I am remaining in the employ of the NYCBOE and I am seeking clearance for certification.

I am remaining in the employ of the NYCBOE and I am seeking additional employment in a covered school other than the NYCBOE.

SECTION 3

x I hereby authorize the NYCBOE to forward the content of my criminal history as secured from DCJS and the FBI to the New York State Education Department as a condition of my application for certification and/or clearance for employment. I further understand that the NYCBOE is authorized to forward subsequent criminal history notifications received from DCJS to the New York State Education Department.


x I understand that if my fingerprints have been retained by DCJS, I will have to be fingerprinted again to meet the requirements of Chapter 180 of the Laws of 2000.

x I understand that if I am seeking clearance for employment by my prospective employer before a clearance will be issued.

Signature:

Date:

SECTION 4

6 8 % 0 , 7 + , 6
) 2 5 0 TO: 

1 < & ' 2 (Division of Human & D S L W D O
HR Connect) L Q J H U S U L Q W L Q J 8 Q L W
+ 5 & R Q Q H F W : H E 3 R U W D O K W W S V G R H K U F R

6 X E P W W H F R P S O H W H G I R U P E \ X S O R D G L Q J W K H I R U P W R W K H + 5 & R Q Q H F W : H E 3 R U W D O D W K
& O L F N B S O R D G ' R F Z R H D W D S S H D U V D W W K H W R S R I W K H V F U H P V S C E I F L R P S O H W H G I R U P W R W K H + 5 & R Q Q H F W
) U R P W K H & D W H J R U \ G U R S G R Z Q P H Q X V H O H F W W K H D S S U R S U L D W H F D W H J R U \
(Q W H U L Q W K H 2 6 X E S M H F W R L P H O G (Q W H U D Q \ D C S W W L R I Q B O G G H W D L O V L Q W K H
\$ W W D F K W K H I R U P V X S S R U W L Q R I R Y F X L C H Q E X W W E R Q F O L K N Q Q J R X K D Y H & S I O F N D 6 X I E P D W O S H U W L Q H