

Orlando Christian Prep

Background Check Authorization

IMPORTANT MESSAGE TO PARENTS: Since you have entrusted your child to us, we will stop at nothing to ensure their safety. That is why we require all adults that plan to attend a field trip or volunteer on campus to submit to a national background check. The cost of the background check is \$12.00 per year (a follow up check is made annually). If you plan on attending field trips or volunteering on campus, please submit this application and \$12.00 to the school office. Please give us at least 48 hours to process the background check before the event.

Permission to obtain a background check:

Orlando Christian Prep
500 South Semoran Blvd
Orlando, FL 32807

This form authorizes the school to obtain background information and must be completed by the applicant.

I, the undersigned applicant, authorize Orlando Christian Prep through its independent contractor, First Advantage, to procure background information about me. I understand that this authorization and release is valid for future background information requests during my period of service with Orlando Christian Prep for the purpose of investigating any incidents of workplace misconduct or criminal activity for which I am alleged to have been involved during my service. These above mentioned reports may include my driving history, including any traffic citations, a social security number trace, present and former address, criminal and civil history records and any other public record. *Note: a consumer credit check will NEVER be performed.*

I further authorize any person, business entity or governmental agency that may have relevant information to disclose it to Orlando Christian Prep through First Advantage screening, including any courts, public agencies and law enforcement agencies.

I understand that I am entitled to a complete copy of any background information report for which I am the subject upon written request to First Advantage, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Signature: _____ Date: _____

IDENTIFYING INFORMATION FOR THE BACKGROUND INFORMATION AGENCY

List Names and Grades of ALL children who attend OCP: _____

PRINTED NAME: _____

(First)

(Middle)

(Last)

Current Address: _____

Daytime Phone Number: _____ Social Security Number: _____

Driver's License Number/State: _____

Date of Birth: _____ Gender: _____