



**COLLEGE OF CENTRAL FLORIDA
FLORIDA DEPARTMENT OF LAW ENFORCEMENT
CRIMINAL BACKGROUND CHECK**



Fingerprint Card Information
PLEASE PRINT using blue or black ink only.

Background Check Costs

Level 2: \$79 for Department of Health Licensing \$55 for Students Employees/Volunteers

Payment Instructions

Make your online payment at <https://quickadmit.cf.edu>.

Click "Get Started" under Non-Credit Courses, select "Testing Center" and then "Background Check."

Select the \$55 standard or \$79 licensing fee.

Log in or create an account and complete your payment.

Email baldwinc@cf.edu or call 352-854-2322, ext. 1569, to make an appointment for fingerprinting.

Present this form in person at the CF Ocala Campus, 3001 S.W. College, Road, Building 31, Room 108.

If you have questions please contact Public Service Support Specialist at 352-873-5838, ext. 1569.

Name:			
Last		First	
Middle (complete)		Jr., etc.	
Also Known As (Former Name):		Social Security No:	
Address:			
Street/P.O. Box		City	
State:	ZIP Code:	Telephone:	
Date of Birth:	Place of Birth:		
MM/DD/YY		(State or Foreign Country)	
Citizenship (Country):		Program Applying For:	
Please Check Appropriate Box or Complete:			
Gender:		Race/Ethnicity:	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> White/Hispanic	<input type="checkbox"/> American Indian or Alaskan Native
		<input type="checkbox"/> Black	<input type="checkbox"/> Unknown
		<input type="checkbox"/> Asian	
Weight in Pounds:	Height:	Feet	Inches
Eyes:	Hair:		
<input type="checkbox"/> Blue	<input type="checkbox"/> Green	<input type="checkbox"/> Bald	<input type="checkbox"/> Brown
<input type="checkbox"/> Brown	<input type="checkbox"/> Hazel	<input type="checkbox"/> Gray	<input type="checkbox"/> Red or Auburn
<input type="checkbox"/> Gray		<input type="checkbox"/> Black	<input type="checkbox"/> Blonde
		<input type="checkbox"/> Sandy	<input type="checkbox"/> White
If under the age of 18, please provide parent/legal guardian's signature for consent:			
Parent/Guardian's Signature:		Date:	
_____		_____	
		MM/DD/YY	
Office Use Only	Name of Person Fingerprinting:	Date Fingerprinted:	
	_____	_____	
		MM/DD/YY	
Cashier Use Only	Receipt Number:	Cashier:	Date:
	_____	_____	_____
			MM/DD/YY



VECHS APPLICANT WAIVER AGREEMENT AND STATEMENT



For Criminal History Record Checks

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

I hereby authorize (enter Name of Qualified Entity): _____ 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 state and national criminal history records that may pertain to me to determine eligibility for employment. 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.

Authorized agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request a copy of your record from the screening agency. After you have reviewed the criminal history record, if you believe the Florida information is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., Title 28, CFR, Section 16.30-34 and Rule 11C- 8.001, F.A.C. by calling FDLE at (850) 410-7898. If you believe the national information is in error, you may contact the FBI at (304) 625-2000.

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 Contractor/Vendor

Signature: _____ Date: _____

Printed Name: _____ DOB: _____

Address: _____

ORIGINAL- MUST BE RETAINED BY QUALIFIED ENTITY



COLLEGE of
CENTRAL
FLORIDA
-an equal opportunity college-

COLLEGE OF CENTRAL FLORIDA NOTIFICATION OF SOCIAL SECURITY NUMBER COLLECTION, USAGE AND RELEASE

Florida Statute 119.071(5) and Sections 483 and 484 of the Higher Education Act of 1965 authorize the collection, usage and release of your Social Security number by the College of Central Florida.

CF collects, uses and releases your Social Security number only if specifically authorized by law to do so or when it is imperative for the performance of its duties and responsibilities as prescribed by law. To protect your identity, the college will secure your Social Security number from unauthorized access; strictly prohibit the release of your Social Security number to unauthorized parties in compliance with to state and federal law, and assign a unique CF Identification number. This identification number will be used for all associated employment and educational purposes at CF. Specifically, CF collects, uses or releases a Social Security number for the following purposes:

- **Admissions**

Federal legislation relating to the Hope Tax Credit requires that all postsecondary institutions report student Social Security numbers to the Internal Revenue Service. This IRS requirement makes it necessary for CF to collect the Social Security number of every student. A student may refuse to disclose their Social Security number to CF, but the IRS is then authorized to fine the student in the amount of \$50. In addition to the federal reporting requirements, the public school system in Florida uses Social Security numbers as a student identifier (section 229.559, Florida Statutes-new school code section 1008.386). In a seamless K-20 system, it is beneficial for postsecondary institutions to have access to the same information for purposes of tracking and assisting students in the smooth transition from one education level to the next. All Social Security numbers are protected by federal regulation under the Family Educational Rights and Privacy Act.

- **Continuing Education, Corporate Training**

Under Florida education reporting requirements students who enroll in Continuing Education and Corporate Training seminars are required to submit their Social Security number.

- **Financial Aid**

The Office of Financial Aid at CF requires students and parents of dependent students to submit their Social Security number on various forms in order to correctly identify applicants, match each applicant's financial aid application information and data with the institution's records, and to help coordinate state aid programs with federal and institutional aid programs.

- **Human Resources**

The Social Security number is used for legitimate business purposes for completing, processing or distributing the following: Employment Application Forms; Federal I-9 (Department of Homeland Security); Federal W4, W2, 1099 (Internal Revenue Service); Federal Social Security taxes (FICA); Federal W2 (Internal Revenue Service); Unemployment Insurance (Florida Department of Revenue); Florida Retirement System (Florida Department of Revenue); Workers Compensation Claims (FCSRMC and Department of Labor); Federal and State Employee and Educational Reports; Direct Deposit Files (Bank of America, ACH); 403b and 457b contribution reports; group health, life and dental coverage; completing and processing various supplemental insurance deduction reports; background checks; and payroll documents.

- **Workforce Programs**

These programs use Social Security numbers as identifiers for program enrollment and completion. Also, it is used for entering placement information into either the One Stop Management Information System or the Employ Florida Marketplace statewide data collection and reporting system. Because these are performance based contract programs, it is required that all participants and their program related activities be recorded in the Florida state systems.

- **Miscellaneous**

The Social Security number is used for identification and verification, billings and payments, data collection, reconciliation, tracking, benefit processing and tax reporting.

- **Release Statement**

Social Security numbers may be disclosed only pursuant to Florida Statute 119.071 (6a-6h).

- **Independent Contractors**

The college collects contractors' Social Security numbers in order to file information with the Internal Revenue Service, as required and authorized by federal law.