

ONE STOP FINGERPRINTING TRAINING CENTER

BACKGROUND CHECK INFORMATION & AUTHORIZATION

Purpose: This form collects information to request or process a background check for program admission or placement, where applicable. Complete this form only through an authorized and secure process. Do not email or submit sensitive identification information through an unsecured website.

1. APPLICANT INFORMATION

Full Legal Name: _____	Other Names / Previous Names Used: _____
Date of Birth: _____	Phone Number: _____
Email Address: _____	Preferred Contact Method: ☐ Phone ☐ Email
Current Street Address: _____	Apartment / Unit: _____
City: _____ State: _____ ZIP: _____	Country (if applicable): _____
Previous Address (if required by screening provider): _____	

2. BACKGROUND CHECK REQUEST

Program / Purpose: _____	Requested Date: _____
Screening Type (check if applicable): ☐ Criminal history ☐ Identity verification	☐ Other: _____
Organization / Agency requesting check: _____	

3. DISCLOSURE AND AUTHORIZATION

I authorize the organization identified above and its designated, legally authorized screening provider to obtain and process the background-check information described to me, for the stated purpose and as permitted by applicable law. I understand that additional disclosures, notices, consent forms, or identity-verification steps may be required by the screening provider or applicable law. This authorization is limited to the screening described for the stated purpose; it does not authorize unrelated searches.

If this background check is being used for employment, clinical placement, or another regulated purpose, the requesting organization must provide any required separate disclosure and authorization forms and follow applicable federal, state, and local requirements. This form is a general template and is not a substitute for provider-specific or legally required documents.

4. APPLICANT ACKNOWLEDGMENT

I confirm that the information I provided is accurate to the best of my knowledge. I understand that the screening process may require further information or identity verification, and that completion of this form does not guarantee program admission, placement, or employment.

Applicant Signature: _____	Date: _____
Printed Name: _____	Staff / Witness (if applicable): _____

5. STAFF USE ONLY — DO NOT COMPLETE AS THE APPLICANT

Screening Provider: _____	Order / Reference Number: _____
Date Submitted: _____	Status: ☐ Pending ☐ Complete ☐ Follow-up required
Result received and handled under applicable policy: ☐ Yes ☐ No	Reviewed by: _____
Notes (do not include unnecessary sensitive details): _____	

Privacy notice: Collect only information needed for the authorized screening. Store completed forms securely, restrict access to authorized personnel, and follow applicable retention and disposal requirements. Do not place Social Security numbers, government ID numbers, fingerprints, or detailed screening results on this general form unless an approved, secure process specifically requires them.