



OSPRA 101 (05/09/08)

**Consent Form For Fingerprinting And
Criminal History Records Search of
Prospective Employees And Applicants
For Certification**

**Office of School Personnel Review
and Accountability**

NYS Education Department
89 Washington Ave.
Albany, NY 12234

ph: (518) 473-2998

www.highered.nysed.gov/tcert/ospra
OSPRA@mail.nysed.gov

*For Fiscal Use Only
Leave Blank*

******* IMPORTANT NOTICE *******

Applicants: Online fingerprint applications are now available and will result in faster processing. Please visit the OSPRA website at the above address for detailed information on how to file an online fingerprint application and credit card payment via the internet using the new TEACH system. You do not need to complete this paper application if you file an online fingerprint application. If you file this paper application you may experience *significant delays* in the processing of your fingerprints.

Covered Schools: Please note that Sections 3 and 4 of this form have been eliminated. OSPRA is no longer processing paper requests for clearances for employment. Covered schools must use the online TEACH system to request clearances for employment for their own employees and employees of their contract service providers. Covered schools should contact [NYSSED TEACHHELP@mail.nysed.gov](mailto:NYSSED_TEACHHELP@mail.nysed.gov) or call (518) 486-6041 for information on how to obtain access to the TEACH system.

**Instructions
for Filing a
Paper
Fingerprint
Application:**

- **DO NOT FILE THIS APPLICATION IF YOU ARE SUBMITTING AN ONLINE FINGERPRINT APPLICATION**
- Please **completely** fill out sections 1, 2 and 5 on this form prior to submission. Type or print all information. Inaccurate, incomplete or illegible information will delay processing.
- Fill out the top portion of the fingerprint cards **completely** in accordance with the sample fingerprint card.
- Get a bank check, certified check, money order or employer check for \$94.25 payable to the New York State Education Department. **No personal checks accepted.**
- Take the completed OSPRA 101, the completed fingerprint cards and the \$94.25 fee to the fingerprint location to get fingerprinted. Get fingerprinted. Sign the fingerprint card.
- Mail the completed OSPRA 101, the completed fingerprint cards and the \$94.25 fee to OSPRA in the preaddressed stamped envelope.

SECTION 1

Social Security Number:		Name (Last, First, Middle Initial):					
Mailing Address:							
City:	State:	Zip:	Telephone number & area code:				
Date of Birth (00/00/0000):	State or Country of Birth:	Height:	Weight:	Sex:	Race:	Hair:	Eyes:

SECTION 2

Please choose (✓) one of the following (or both, if applicable):

I am or will be applying for Teacher or Administrator Certification

I am applying for Clearance for Employment

SECTION 3 & SECTION 4

Eliminated - See Important Notice Above

SECTION 5

1. I have read "Fingerprinting Information and Instructions" (OSPRA 100) issued by the State Education Department and understand that the Commissioner of Education is required by law and regulation to request a fingerprint-supported criminal history record from the Division of Criminal Justice Services (DCJS) and the Federal Bureau of Investigation (FBI). The Commissioner is authorized to review such information for the purposes of issuing a clearance for employment or the certificate for which I have applied.
2. I have been informed of the procedures and my right to obtain, review, and challenge the accuracy and completeness, where appropriate, of my criminal history information pursuant to regulations and procedures established by DCJS and the FBI.
3. I understand that I have the right to withdraw my application for employment, without prejudice, any time before employment is offered or declined, regardless of whether a prospective employer or I have reviewed my criminal history information.
4. I understand that I may submit to the Commissioner any information that may be relevant to the consideration of my application including, where applicable, information in regard to good conduct and rehabilitation.
5. I have been advised that the criminal history record forwarded to the Commissioner by DCJS and the FBI shall be confidential pursuant to the applicable federal and state laws, rules and regulations and shall not be published or in any way disclosed to persons other than the Commissioner unless otherwise authorized by law. I understand, however, that certain information regarding subsequent arrest notifications received by the Commissioner shall be forwarded to my employing school district, charter school, or board of cooperative educational services.
6. I understand that the fee for DCJS and the FBI to conduct a fingerprint supported criminal history background check is established by law. I can apply for a "fee waiver" from my prospective employer if such fee would cause an unreasonable financial hardship. In order for the Commissioner to process my application, my prospective employer or I must enclose the required fee by certified check, money order, or school check payable to the New York State Education Department.
7. I have been informed of my right to request that my fingerprints be destroyed when I am no longer employed at a school district, charter school or board of cooperative educational services. I also understand that in the event my employment is terminated and I have not become employed in the same or another school district, charter school or board of cooperative educational services within twelve months of such termination, the Commissioner shall notify DCJS of such termination and the record of my fingerprints for the purpose of employment shall be destroyed.

I have read this consent form and hereby authorize and consent for the Commissioner of Education to use my fingerprints to secure my criminal history record from DCJS and the FBI. I declare and affirm that the fingerprints submitted are my own, and that the information I entered on the fingerprint cards and this consent form is true, complete and accurate. I do authorize NYSED to obtain and review criminal records, including arrests, and dispositions as part of their background investigation of my suitability for employment.

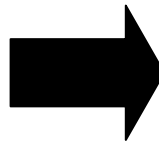
Applicant Signature: _____ Date: _____

SECTION 6

Name and Address of Agency Where Fingerprint Services Performed:	

SECTION 7

Mail completed packet to:
(consent form, fingerprint cards and a certified check, money order, or school check payable to the New York State Education Department)



Fingerprint Processing
NYS Education Department
PO Box 7352
Albany, NY 12224