

Pinnacle Canyon Academy
210 N 600 E, Price, UT 84501
(435) 613-8102

FINGERPRINTING AND CONSENT TO BACKGROUND CHECK

1. Schedule a fingerprint appointment here:



To schedule fingerprinting
web: mysescutah.gov/page/fingerprinting
Schedule Finger Printing

2. Complete the Consent to Background Check on the following pages and take it with you to your appointment at the:

Southeast Education Service Center

685 East 200 South

Price, UT 84501

Hours: 8:00 a.m. – 4:00 p.m.



Pinnacle Canyon Academy

Consent to Background Check

B1932 Volunteer

B1933 Staff

NAME: _____

Middle name: _____ Maiden or other names: _____

Date of birth: _____ Gender: _____ Race: _____

Height: _____ Weight: _____ Eye color: _____ Hair color: _____

Birthplace: _____ SSN: _____

I, _____, understand that my personal information including name, date of birth, SSN and fingerprints, will be used for the purpose of conducting a criminal history records search through any applicable state and federal databases. This information will be used by PINNACLE CANYON ACADEMY to determine any eligibility for employment or volunteering. My personal information and fingerprints may be retained for ongoing monitoring and comparison against future submissions to the state, regional or federal database and latent fingerprint inquiries. PINNACLE CANYON ACADEMY will establish procedures to ensure removal of my fingerprints from applicable state and federal databases when I am no longer under their purview as required by PINNACLE CANYON ACADEMY policy and UCA §53-10-108. I understand that I may request to review any results of this inquiry and understand that §UCA 53-10-108 allows PINNACLE CANYON ACADEMY to provide a copy of those results to me. I understand that any results provided to me can only be used for the purpose of reviewing, responding to, or challenging the accuracy of the information. I understand that if I misuse any information provided to me I may be subject to criminal penalties under UCA §53-10-108(12)(a). Before a determination is made, I understand that I will be afforded a reasonable amount of time to challenge the completeness and accuracy of the record through the procedures established by PINNACLE CANYON ACADEMY) as well as background check, I understand I may be denied unsupervised access to children, vulnerable adults or to the privilege in which the background check pertains to. **I will provide a list of all criminal convictions which contains a description of the crimes and the particulars of the convictions. I have read the attached Privacy Statement and understand my rights according to this statement.

Volunteer () Employment ()

Applicant signature: _____

Date: _____

Southeast Education Service Center

685 East 200 South
Price, Utah 84501

Criminal Background Investigation Authorization Form

As an authorized Bureau of Criminal Investigation fingerprinting agency, the Southeast Education Service Center (SESC) will provide this service as part of a requesting entity's criminal background investigation. Criminal background investigations are required for public and private agency employment. This document is notification that any criminal background information will be used to as part of the SESC or other entity hiring process.

FBI Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Release

In connection with my application for employment, I hereby authorize the hiring agency to investigate my past and present work, education, and law enforcement records to ascertain any and all information which may be pertinent to my employment qualifications. I do hereby release all persons, firms, agencies, companies, groups or installations, whomsoever, from any damages of or resulting from furnishing such information. I further agree that a copy of this release shall function as an original.

Person Receiving Live Scan Signature

Date

Person Receiving Live Scan Name (Please Print)

Agency Authorized Representative Signature

Date