



SCU Club Sport Coach Background Check Paperwork

Club Sport Coaches

1. Sign "Consent and Authorization to Obtain and Review Records" to be turned into the Club Sport Inbox or emailed to clubsports@scu.edu
2. Complete "Request for Live Scan Service" Form
3. Take this slip "SCU Club Sport Coach Background Check Paperwork" and "Request for Live Scan Service" Form to the UPS Store indicated below.

You will not pay for the Live Scan Fee. Simply complete the two forms below and take "Request for Live Scan Service" Form to the UPS Store (store location below - do NOT take this form to any other UPS store) to complete your background check.

Complete the form below and take to:

UPS Store

2784 Homestead Rd

Santa Clara, CA 95051

UPS Store

This paperwork verifies that this individual is a Santa Clara University Club Sport Coach. Please charge the Live Scan fee of \$22.50 to Kathryn Hutchings house account. Any questions, please call me at 408-554-5480 (office) or cell 970-946-0774 (cell).



Consent and Authorization to Obtain and Review Records
THIS IS NOT A CREDIT CHECK

A background check, which includes fingerprinting and criminal background check, is required for employees, volunteers, and associates of the University who will be working with and/or regularly interacting with minors by virtue of their position or program. If the background check reveals a relevant criminal conviction or other information relevant to the position or program at issue you may be disqualified from holding that position or participating in that program.

I hereby consent to and authorize Santa Clara University to obtain and review criminal records and dispositions received from the Federal Bureau of Investigation and/or the California Department of Justice as part of its due diligence in the review of employees, volunteers and associates who will be working with and/or regularly interacting with minors. I further understand that I am entitled to receive summaries of the contents of the reports upon request.

I hereby certify that all statements on the attached background check form are true and correct to the best of my knowledge and belief. I understand that Santa Clara University solicits this information and may solicit additional information so as to be informed of my suitability for working with or regularly interacting with minors through my employment position or participation in a program. I further understand and agree that any misrepresentation, falsification, or omission of facts by me constitute grounds for discipline, up to and including my disqualification from program participation or termination from University employment.

I declare that the fingerprints submitted are my own and that the information submitted on the Live Scan Service Form and/or fingerprint card are true, complete, and accurate. In order to verify my identity for purposes of the background investigation I am voluntarily releasing my date of birth for my own benefit and fully understand that age is not a consideration of employment, continued employment, or volunteer service. In addition, I agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original.

Name: _____

Signature: _____

Date: _____



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A8724
ORI (Code assigned by DOJ)

Employment
Authorized Applicant Type

University Employee
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Santa Clara University
Agency Authorized to Receive Criminal Record Information

10585
Mail Code (five-digit code assigned by DOJ)

500 El Camino Real
Street Address or P.O. Box

Jill Stallman
Contact Name (mandatory for all school submissions)

Santa Clara CA 95053
City State ZIP Code

(408) 554-4603
Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name: (AKA or Alias)

Last Name

First Name Suffix

Sex Male Female

Date of Birth

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number 147372
(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number
(Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number: _____
(Must provide proof of rejection) Original ATI Number

Employer (Additional response for agencies specified by statute):

Santa Clara University Club Sports
Employer Name

500 El Camino Real 408-554-5480
Street Address or P.O. Box Telephone Number (optional)

Santa Clara CA 95053 1100
City State ZIP Code Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator	Date
Transmitting Agency LSID	ATI Number Amount Collected/Billed