

THIS FORM **MUST BE** RETURNED TO THE ADDRESS BELOW

Background Investigation Form 40c dated DEC 2012 (Previous Forms Obsolete)

APPLICANT'S LAST NAME	APPLICANT'S FIRST NAME	POSITION AT SCHOOL	
ADDRESS	CITY/STATE/ZIP	HOME PHONE	
SCHOOL NAME	SCHOOL DIRECTOR	DIRECTOR PHONE NUMBER	
LIST ALL <u>CONVICTIONS</u> OF FELONIES OR CRIMES OF MORAL TURPITUDE (NOT ARRESTS). IF NONE, WRITE NONE.			
YEAR	CITY/STATE	CONVICTED OF	SENTENCE/FINE
<p>In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the following:</p> <ol style="list-style-type: none">1. I hereby authorize the <u>Nevada Commission on Postsecondary Education (CPE)</u> to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau and the FBI, for the purpose of accessing and reviewing Nevada and National criminal history records that may pertain to me. In giving this authorization, I expressly understand that the information may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the formal court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable. Further, I understand that the information may include similar information obtained from other local, state and federal criminal justice agencies and may include information pertaining to convicted person data, outstanding arrest warrants, missing persons.2. In giving the above authorization, I understand that all information provided to the CPE may be reviewed by CPE agency staff or any other employee within the CPE as deemed necessary to make an informed decision. This information is confidential, as relating to a third party beyond that of the CPE and of criminal justice agencies in the performance of their official duties, and may not be further disseminated. Initial Here: _____3. I understand that I may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency, and that the proper forms and procedures will be furnished to me by the Nevada Department of Public Safety Records Bureau upon request. I may also obtain a copy of my FBI Identification Record and challenge my record by submitting a request to the FBI (see www.cpe.state.nv.us/forms/fbi.pdf).4. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the FBI, State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.5. I affirm that the information on this form to be true and correct.			
SIGNATURE OF APPLICANT / DATE SIGNED _____			
I certify that I have reviewed the information on this form as provided by the applicant.			
SIGNATURE OF <u>SCHOOL OFFICIAL</u> /DATE SIGNED _____			
DO NOT WRITE BELOW THIS LINE			
NV920410Z 880236 NRS 394.465	STAMP/SIGNATURE OF ENTITY TAKING AND SUBMITTING FINGERPRINTS IF DONE ELECTRONICALLY		

RETURN COMPLETED FORM TO:

**Commission On Postsecondary Education
3663 East Sunset Road Suite 202
Las Vegas, NV 89120**