



Consent to Perform Criminal History Background Check

Last Name First Name Middle Name Maiden or other name(s)

Address

City County State ZIP Code

@cub.uca.edu

Date of Birth Gender UCA Email Address

The Arkansas Department of Education has access to and must consider any background check reflecting a conviction (pleading guilty or *nolo contendere*/no contest or being found guilty by a jury or judge) for any offenses listed in the Ark. Code §6-17-410 as well as any felony involving physical or sexual injury, mistreatment, or abuse against another, including records that have been expunged, sealed, or subject to a pardon. For any questions about this statement, contact the ADE legal office at (501) 682-4227.

Have you ever pled guilty or pled *nolo contendere* (no contest) or been found guilty of a crime? YES NO

If YES, was the crime a MISDEMEANOR or FELONY?

List the date and crime for which you were convicted: _____

In which state/jurisdiction did this conviction occur? _____

Do you have any pending charges? YES NO

If yes, list the state/county of the arrest and the details of the pending charges. _____

Have you ever had a "true finding" with the Arkansas Department of Human Services Child Maltreatment Central Registry?
 YES NO

I, _____, am an applicant for the teacher education program at the University of Central Arkansas and/or will be entering an early field experience. I hereby give my consent for this background check and for the information obtained to be used in making teacher education admission decisions. If the background check is returned with anything other than *no records found*, it may result in the denial of admission into the program and/or the participation in field experiences. I understand that to reverse this decision I must submit an approved Arkansas Department of Education fingerprint background check from the Arkansas State Police and FBI. I understand that due to the length of time to have an approved fingerprint background check returned, my admission into the teacher education program or the permission to participate in field experiences may be delayed.

I hereby certify that all information provided in this consent form is true, correct, and complete. If any information proves to be incorrect or incomplete, I understand that I may be dismissed from the teacher education program and/or denied permission to participate in field experiences.

Candidate Name (Printed)

UCA ID No.

Candidate Signature

Date