

Consent for Fingerprinting and Criminal History Records Search of Prospective Employees			
Instructions to Applicants:		<ul style="list-style-type: none"> • Please completely fill out Sections 1, 2 and 3. • Submit a check payable to Brunswick CSD in the amount of \$103, if applicable. 	
SECTION 1			
Social Security Number:		Name (Last, First, Middle):	
Street Address:			
City:	State:	Zip Code:	Cell #:
Date of Birth (00/00/0000):	State of Birth:	Country of Birth:	Email:
Height:	Weight:	Sex:	Race:
Maiden Name (if applicable):	Eyes:	Hair:	
SECTION 2			
Please choose (v) one of the following (or both, if applicable).			
<input type="checkbox"/>	I am or will be applying for Teacher or Administrator Certification	<input type="checkbox"/>	I am applying for Clearance for Employment
SECTION 3			
I 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 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 4			
To be completed by Brunswick Central School District.			
Name and Address of Agency Where Fingerprint Services Performed:			
Date and Time of Appointment:			