



Consent to Perform Criminal History/Background Check

Last Name First Name Middle Name

Maiden or other name(s) used in any and all other records of birth or records of residence.

Address Apt. or #

City County State Zip

Date of Birth Gender UCA E-mail Address

Please be aware that 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 offense listed in the Ark. Code Ann. § 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, please call the ADE legal office (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?

What was the date and crime for which you were convicted? _____

In which state/jurisdiction did this conviction occur? _____

Do you have any pending charges? If so, please provide the state and county of the arrest and the details of the pending charges. _____

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 have been advised that prior to admission into the program and/or participation in early field experiences, I will submit to an electronic criminal history/sex offender background check. I hereby give my consent for information obtained in this background check 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 early field experiences. I also 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 length of time to have an approved fingerprint background check returned, my admission into the teacher education program and 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 grounds for denial of admission into the UCA Teacher Education Program, denial of participation in early field experiences, or removal from the teacher education program will exist.

Candidate Name (Print) _____ UCA ID# _____

Candidate Signature _____ Date _____