

Pennsylvania Western University Student Clearance Registration

Please Select Campus Location: **California** **Clarion** **Edinboro**

<u>Last Name</u>		<u>First Name</u>		<u>Middle Name</u>	
<u>Social Security Number (SSN)</u>				<u>Country of Citizenship</u>	
<u>Date of Birth</u>		<u>City of Birth</u>		<u>State of Birth</u>	
<u>Sex</u>	<u>Race</u>	<u>Height</u>	<u>Weight</u>	<u>Eye Color</u>	<u>Hair Color</u>
<u>Driver's License Number</u>			<u>Address</u>		
<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Email</u> @PennWest.edu	<u>Phone #</u>	
<u>Alias Last Name</u>		<u>Alias First Name</u>		<u>Alias Middle Name</u>	

Carefully read this authorization to release information about you; sign and date it in ink.

I authorize Pennsylvania Western University (PennWest), or other duly accredited representative of PennWest, conducting my background investigation, to obtain any information relating to my activities from criminal justice agencies. This information may include criminal history record information.

I authorize custodians of records, and other sources of information pertaining to me, to release such information upon request of PennWest, or other duly accredited representative of PennWest. I understand that the information released by record custodians and sources of information is for official use by PennWest solely for employment purposes.

Signed copies of this authorization are as valid as the original release.

Digital Signature or Ink

Date Signed



Pennsylvania's State System of Higher Education
Background Clearance Certification
for Provisional Employment or Volunteering
(Under the Child Protective Services Law)

Please read this entire form carefully before completing it. This form is to be used only for provisional volunteers and employees who meet the criteria set forth in Procedure/Standard Number 2015-21. In certain limited circumstances, current employees/volunteers may need to complete this form.

Section 1. Personal Information

Full Legal Name: _____ Date of Birth: ____/____/____

Any former names or aliases by which you have been identified: _____

Section 2. Instructions

Please submit this form to _____. [To be completed by the university.]

If you have any question about whether to report an offense, you should report it. Failure to report may result in disqualification for employment.

List of Reportable Offenses

A Reportable Offense enumerated under Pennsylvania's Child Protective Services Law, 23 Pa.C.S. § 6344(c), consists of one or more of the following:

- (i) Provisions of Title 18 of the Pennsylvania Consolidated Statutes (relating to crimes and offenses) or an equivalent crime under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of the Commonwealth of Pennsylvania:
- Chapter 25 relating to criminal homicide
 - Section 2702 relating to aggravated assault
 - Section 2709.1 relating to stalking
 - Section 2901 relating to kidnapping
 - Section 2902 relating to unlawful restraint
 - Section 3121 relating to rape
 - Section 3122.1 relating to statutory sexual assault
 - Section 3123 relating to involuntary deviate sexual intercourse
 - Section 3124.1 relating to sexual assault
 - Section 3125 relating to aggravated indecent assault
 - Section 3126 relating to indecent assault
 - Section 3127 relating to indecent exposure
 - Section 4302 relating to incest
 - Section 4303 relating to concealing death of a child
 - Section 4304 relating to endangering welfare of children
 - Section 4305 relating to dealing in infant children
 - A felony offense under Section 5902(b) relating to prostitution and related offenses
 - Section 5903(c) or (d) relating to obscene and other sexual materials and performances
 - Section 6301 relating to corruption of minors
 - Section 6312 relating to sexual abuse of children
 - A felony offense under section 2718 (relating to strangulation)
 - A felony offense under section 3301 (relating to arson and related offenses)
 - An offense under [18 U.S.C. § 2261](#) (relating to interstate domestic violence) or § 2262 (relating to interstate violation of protection order)
 - the attempt, solicitation, or conspiracy to commit any of the above

Attachment 1

This form has been developed by Pennsylvania's State System of Higher Education, pursuant to Pennsylvania's Child Protective Services Law, 23 Pa.C.S. § 6301 et seq. February 5, 2015

- (ii) An offense designated as a felony under the act of April 14, 1972 (P.L. 233, No. 64), known as "The Controlled Substance, Drug, Device and Cosmetic Act," committed within the preceding five-year period.
- (iii) A founded report or indicated report of child abuse within the preceding five-year period in the statewide database maintained by the Department of Human Services.
- (iv) Identification on the National Crime Information Center National Sex Offender Registry or on a state's sex offender registry.

Section 3. No Conviction

- By checking this box, I certify that I have **not** been convicted of any Reportable Offense or an offense similar in nature to a Reportable Offense under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of the Commonwealth of Pennsylvania. (See Section 2 for a list of Reportable Offenses.)

Section 4. Application for Background Checks

I certify that I have applied for the following required background clearance checks:

- A report of criminal history record from the Pennsylvania State Police (PSP) or statement from the PSP that no criminal record exists.
- Certification from the Pennsylvania Department of Human Services as to whether I am named in the statewide database as a perpetrator in a pending child abuse investigation or in a founded report or indicated report of child abuse.
- A report of federal criminal history record information. I understand that I must submit a full set of fingerprints to the PSP to obtain this report.
- I further certify that I have provided copies of the completed request forms for these background clearance checks to Pennsylvania's State System of Higher Education. (Appropriate forms may be attached to this Certification Form.)

Section 5. Certification

By signing this form, I swear and affirm under penalty of law that the statements made in this form are true, accurate, correct, and complete. I understand that false statements herein, including, without limitation, any failure to accurately report any arrest or conviction for a Reportable Offense, shall subject me to criminal prosecution under 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

Signature

Date

Attachment 1

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