



Certification Services  
 Building 6, Suite 550  
 1900 Kanawha Boulevard,  
 E. Charleston, WV 25305  
 Telephone: 304-558-7010  
 Fax: 304-558-7843

Rev 9.27.2022

## Form 7—Applicant Consent/Release of Background Results

Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

### Consent Agreement

**Police records:** I hereby request a record check be made to find any police record on me, the individual named below, and by submitting this request, I understand that the submitted information will be retained by the West Virginia State Police in the Automated Fingerprint Identification System. I am authorizing that the results of the record check be released to the West Virginia Department of Education (WVDE) for official business purposes. **Other Information:** I hereby authorize any representative of the WVDE bearing this release or a copy of this release to obtain information pertaining to my personal background including, but not limited to, academic, athletic, achievement, attendance, personal history, disciplinary action, medical, credit or any other records regarding me. This release is executed with the full knowledge and understanding that the information is for the WVDE's official use. I further consent to the WVDE providing such information to any out-of-state educational agency should I apply for licensure in that state or already have been issued a license in such state. I further consent to the WVDE furnishing such information described above to third parties if necessary to the WVDE fulfilling its official responsibilities regarding my West Virginia application upon execution by such third parties confidentiality agreement. I hereby release any individual, agency and institution from any and all liability for damages of whatever kind which may result from comply-ing or attempting to comply in good faith with this authorization and request to release information. I may be contacted at the address indicated below should there be any questions as to the validity or authenticity of this release. Kǝ cǝg'tǝcf 'ǝ g'ǝwǝej g'f 'r tǝcǝf 'ǝwǝo g'pǝAs per Title 28.CFR, 16.34, you have the right to challenge the completeness or accuracy of your criminal history record by contacting the Federal Bureau of Investigation (FBI) directly. To challenge your WV State Police Criminal History Record, please visit <https://www.wvsp.gov> and complete a WVSP 136A form."

### Applicant Consent

Printed Full Legal Name \_\_\_\_\_

Current Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Verification of Notary Public (Required)

State \_\_\_\_\_ County \_\_\_\_\_

Taken, Subscribed and Sworn Before Me this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission Expires \_\_\_\_\_.

Seal

Signature of Notary Public \_\_\_\_\_

### Applicant Consent/Release of Information to County Board of Education/IHE

- Check this box to release the results of the WV State Police criminal history background check to a county board of education for purposes of employment or student teaching.
- Check this box to release the results of the WV State Police criminal history background check to \_\_\_\_\_ (IHE) for the purposes of student teaching placement.

Signature IHE Official \_\_\_\_\_ Date \_\_\_\_\_ (Requesting CIB results of applicant if within 90 days and with consent)

APPLICANT INITIAL HERE:

I understand according to W. Va. Code §18A-3-10, upon my written consent to the WVDE and within ninety (90) days of the State Police fingerprint analysis that the results of said analysis may be provided to a county board of education with which I am applying for employment without further cost to me. I understand that if I do not consent, I will have to undergo an additional state check for employment as per W. Va. Code §18-5-15c and I may be responsible for the cost of the background check.

### West Virginia County Board of Education Request for Criminal Identification Bureau Results

I verify that the individual identified below will be hired or has been hired by the \_\_\_\_\_ County Board of Education or will be placed in one of the county's schools to complete a student teaching experience. I am requesting that the results from the CIB be forwarded to this office if the applicant has undergone a background check for a permit or initial licensure within the last ninety (90) days and has consented to their release.

Name of Individual \_\_\_\_\_

Social Security Number \_\_\_\_\_

Signature of Superintendent \_\_\_\_\_ Date \_\_\_\_\_

### Requirement

According to W. Va. Code §18-A-3-10, any applicant for an initial license issued by the West Virginia Department of Education (WVDE) shall be fingerprinted by the West Virginia State Police in accordance with West Virginia Board of Education Policy 5202 in order to determine the applicant's suitability for licensure. The fingerprints shall be analyzed by the State Police for a state criminal history record check through the central abuse registry and then forwarded to the Federal Bureau of Investigation (FBI) for a national criminal history record check. Information contained in either the central abuse registry record or the FBI record may form the basis for the denial of a certificate for just cause. The applicant for initial certification pays for the cost of obtaining the central abuse registry record and the FBI record. Upon written consent to the WVDE by the applicant and within ninety days of the state fingerprint analysis, the results of a state analysis may be provided to a county board with which the applicant is applying for employment without further cost to the applicant. Information maintained by the WVDE or a county board of education which was obtained for the purpose of the criminal history check is exempt from the disclosure provisions of chapter twenty-nine-B of West Virginia Code. Nothing in this section prohibits disclosure or publication or information in a statistical or other form which does not identify the individuals involved or provide personal information.

## PRIVACY ACT STATEMENT

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Social Security Account Number (SSAN).** Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

**Additional Information:** The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any systems(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

## **DIRECTION TO CHALLENGE A CRIMINAL RECORD**

In the event you are determined not qualified to work or volunteer you may start a personal review of your criminal record: Please remember: You were fingerprinted for the position and the Criminal Identification Bureau (CIB) of the West Virginia State Police has determined the fingerprints are identical to criminal fingerprints on file with CIB and/or Federal Bureau of Investigation (FBI) and a criminal charge exists which may be a barrier to employment or volunteering services. The West Virginia State Repository is biometric (fingerprint) based and not name base. To start a review of a criminal record follows these instructions:

### **CIB- CRIMINAL RECORD WITHIN THE STATE OF WEST VIRGINIA**

You can download WVSP 136A- (CHALLENGE OF CRIMINAL HISTORY RECORD) and complete the form. Note- the form is accessible off the forms link on the **statepolice.wv.gov** homepage. You will mail WVSP Form 136A along a check or money order for \$20.00 for the process fee to:

West Virginia State Police  
Criminal Identification Bureau  
725 Jefferson Road  
South Charleston, WV 25309

Check or Money Order is made payable to: The Superintendent, West Virginia State Police.

If the discrepancies are at the charge or final disposition level, you must address this with the court or arresting agency that submitted the record to CIB.

### **FBI- CRIMINAL RECORD OUTSIDE THE STATE OF WEST VIRGINIA**

Telephone the FBI, Special Correspondence Unit at (304) 625-3878 for instructions.

# CHALLENGE OF CRIMINAL HISTORY RECORD

To: West Virginia State police  
Criminal Identification Bureau  
725 Jefferson Road  
South Charleston, WV 25309

From: \_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_, \_\_\_\_\_  
(City) (State) (Zip)  
\_\_\_\_\_  
(Social Security Number) (Date of Birth)

Enclosed please find the required process fee of **\$20.00**  
Made payable to: The Superintendent, West Virginia State Police

I have reviewed my criminal record at \_\_\_\_\_ (Agency) and find that certain entries originating in your agency are significantly inaccurate or incomplete in the following particulars:

**Record now reads:**

Record entry number: \_\_\_\_\_ Date: \_\_\_\_\_  
Charge: \_\_\_\_\_ Date: \_\_\_\_\_  
Disposition: \_\_\_\_\_ Date: \_\_\_\_\_

**Record should read:**

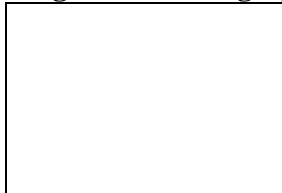
Record entry number: \_\_\_\_\_ Date: \_\_\_\_\_  
Charge: \_\_\_\_\_ Date: \_\_\_\_\_  
Disposition: \_\_\_\_\_ Date: \_\_\_\_\_

**Basis for Challenge:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I have attached and signed a (n) additional sheet(s) describing other claimed errors in my records originating in your agency.

**Right Index Fingerprint**



\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)