VECHS WAIVER AGREEMENT AND STATEMENT

Volunteer & Employee Criminal History System

for Criminal History Record Checks

under the National Child Protection Act of 1993, as amended

Pursuant to the National Child Protection Act of 1993, as amended, this form must be completed and signed by every current or prospective employee, volunteer and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws. I

I hereby authorize **TN Tech University, College of Education and Human Sciences** to submit a set of fingerprints through the TBI vendor and this form to the Tennessee Bureau of Investigation (TBI), for the purpose of accessing and reviewing Tennessee and national criminal history that may pertain to me directly from the FBI, pursuant to 28 CFR, Sections 16.30-16.34. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me with a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

A national criminal history background check on me is being requested by the following:

Name of Qualified Entity: TN Tech University, College of Education and Human Sciences
Address: 1 William L Jones Drive
City: Cookeville **State:** Tennessee **Zip:** 38505

I ☐have OR ☐ have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

I am a current or prospective (check one):
Employee ☐ Volunteer ☒ Contractor/Vendor ☐

Signature: _____ Date: _____

Printed Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: TN Tech University, College of Education and Human Sciences

Address: 1 William L Jones Drive

City: Cookeville **State**: TN **Zip**: 38506

Telephone: (931) 372-6407 **Fax Number**: (931) 372-6286

ORIGINAL MUST BE RETAINED BY QUALIFIED ENTITY
COPY MUST BE SUBMITTED TO TBI

WAYS TO SUBMIT YOUR FORM
MAIL: Office of Teacher Education, Admission to Teacher Education,
ATTN: Carrie Harris, TTU Box 5092, Cookeville, TN 38505
FAX: 931-372-6286
SUBMIT IN PERSON: TJ Farr, Room 102
EMAIL IN PDF FORMAT: cmharris@tntech.edu
PLACE IN DROP BOX: outside TJ Farr, Room 104