Criminal Background Check Acknowledgement Form

I understand and acknowledge that students enrolled in a teacher education program, a program that requires off-campus field-based assignments such as observation, methods, practicum, or student teaching in P-12 schools, are required by law to submit to a criminal background check prior to participating in any field experiences in schools and prior to student teaching.

I understand and acknowledge that I will not be permitted to participate in any field experiences in the schools until I have cleared the criminal background check.

I understand and acknowledge that the completion of the BCI/FBI is required to obtain a teaching license and for employment in schools.

I understand The University of Akron College of Education may deny admission to the teacher education program to any candidate who does not meet the professional and/or ethical standards of the teacher education program.

I understand and acknowledge that once admitted to the teacher education program, the failure to maintain the professional and/or ethical standards of the program may result in dismissal from the program.

I understand and acknowledge that The University of Akron College of Education has the authority to deny its recommendation of any candidate for professional licensure who has been convicted of a felony and/or who cannot successfully pass a criminal background check of the State of Ohio and/or any Federal or international entity with recognized standing.

I acknowledge receipt of the State of Ohio requirements for teacher education Background Criminal Investigation BCI/FBI reports [http://education.ohio.gov/Topics/Teaching/Educator-Conduct/How-Convictions-Affect-Licensure-(1)], and I understand that I am responsible for reading and familiarizing myself with its contents.

By signing below, I acknowledge understanding of the contents of this document and the consequences of violations of the rules described herein and authorize the release to The University of Akron any and all official records maintained by the University.

Student Name: ____________________________________  ID# ____________________

Please Print

Student Signature __________________________________ Date ____________________