Criminal History Background Investigation

All students admitted to the Teacher Education program must pass a FBI Live Scan background check prior to beginning program coursework. You MAY NOT participate in required field experiences UNTIL your background check has cleared. To complete the background check, an applicant must submit fingerprints for review by the Federal Bureau of Investigation.

Scheduling an Appointment

To begin a FBI Live Scan Fingerprints Background Check will be by appointment only. To make an appointment, applicants are required to call (706) 568-2022, Monday through Friday, between 8am to 4pm.

The fingerprinting Live Scan is located at the RiverPark University Police Department (1013 Broadway, Columbus, GA 31901).

Fees

All applicants must pay the FBI Live Scan Background Check fee directly to the Bursar’s Office located in University Hall (Main Campus). The total cost for this process is $55.00. The following forms of payment are accepted:

- Credit card/debit card
- Cash
- Money order

Proper Identification

To process the federal background check, applicants are required to provide unexpired proper identification. Acceptable ID requirements: Photo, Name, Address, and Date of Birth. A proper ID is any one of the following:

- An unexpired driver’s license issued by a U.S. state, D.C., or certain U.S. territories
- An unexpired United States passport or passport card
- An unexpired United States military identification card
- If applicant has an alien/green card, applicant will need to provide their alien/green card number

Steps for Completing a Background Check

Steps for completing a background check:

1. Schedule a fingerprinting appointment at (706) 568-2022
2. Pay the required fee directly to the Bursar’s Office (University Hall, Main Campus)
3. Bring receipt from the Bursar’s Office and unexpired proper ID to the fingerprinting appointment located at the RiverPark University Police Department
4. Fill out the Disclosure/Release/Authorization Form

Background Check Results

Within 5 to 7 business days, the University Police Department will forward background check results to the applicant. It is the responsibility of the applicant to forward the results to the designated department/person. If the applicant has not receive their background check results, they will need to contact Ms. Debby Mayo, Administrative Coordinator, at (706) 568-2022.

Please note by law, the COEHP CQTL Office cannot release copies of background checks.
DISCLOSURE/RELEASE/AUTHORIZATION FORM

1. By this document Columbus State University Police discloses to you that a consumer report may be obtained for employment purposes as part of the pre-screening background check and at any time during your employment or affiliation.

2. This shall authorize the procurement of a consumer report by a credit reporting agency or other sources as part of the pre-screening background investigation. If accepted, this authorization shall remain on file and shall serve as an ongoing authorization for the named employer or its associates or other sources to procure consumer reports at any time during my affiliation or employment period.

3. I also authorize the procurement of an investigative consumer report and understand that it may contain information about my employment and educational background, criminal history, credit, workers comp claims, mode of living, character and personal reputation. I also understand you may make use of the internet including social networking sites. I understand that I have the right to obtain additional disclosure as to the nature and scope of the investigation upon written request within a reasonable period of time and to obtain a copy of the report upon request. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

4. In connection with this request, I authorize all corporations, companies, former employers, supervisors, credit agencies, educational institutions, criminal justice agencies, which includes city, county, state and federal governments, state motor vehicle bureaus and persons to release information they may have about me to the person or company with which this form has been filed if required, or their agent. I further authorize you to secure an investigative consumer report at any time, and any number of times, before, during and after my employment, if in the company's (or its designees) discretion, it has a legally permissible and legitimate business need for the information requested.

I release and hold harmless all parties involved from any and all liability for damages arising from requesting, procuring or furnishing the requested information except with respect to a violation of the Act. I authorize the employer and its agent/credit reporting agency and all associated entities and its clients to receive any criminal history information or credit report pertaining to me in the files of any state or local criminal justice agency.

PRINT NAME: ____________________________

SIGNATURE: ____________________________ DATE: __________

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Last Name: ___________________________ First Name: ___________________________

Middle Name: ___________________________ Suffix (Mr. Mrs. Miss etc.) ____________

Social Security Number ___________ / ___________ / ___________ Date of Birth _____________

Driver's License # ___________________________ State: ___________________________

Race: ________ Sex: ________ Eye Color: ________ Hair Color: ________ Height: ___________

Weight: __________ Country of Citizenship: __________ Place of Birth: ________________

Current Address ___________________________________________________________________

City/Town ___________________________ Zip Code ___________________________

Applicant's Signature __________________________________________________________________

Print Name ________________________________________________________________________

Date _____________________________________________________________________________

(All areas MUST be completed before a nationwide Finger Print check is completed.)

FOR OFFICIAL USE ONLY:

DATE RECEIVED: ______________________ DATE PROCESSED: ______________________

RECEIPT # FROM BURSARS OFFICE: ________________________________________________

BATCH ID: ______________________________________________________________________

INFORMATION RECEIVED DATE: ____________________________________________________

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