



Nacel Open Door
A non-profit organization dedicated to
international understanding and language education

Nacel Open Door / Nacel International Schools Criminal Background Check Authorization Form

You have applied or volunteered to work with and/or act on behalf of Nacel Open Door / Nacel International School, its programs, and/or the international exchange students it serves. The U.S. Department of State regulations require that all officers, employees, representatives, agents, and volunteers acting on behalf of a J-1 exchange program sponsor pass an annual criminal background check if they have direct personal contact with a student. [You are not required by law to complete this form. However, if you are age 18 or older and do not complete and submit this form to Nacel Open Door / Nacel International School, you will not be allowed to continue your involvement with the Nacel Open Door / Nacel International School programs.]

I, _____, hereby authorize Nacel Open Door / Nacel International School to conduct a national criminal background check on my behalf, and I am providing my full name, address, and social security number in order to do so. I authorize the disclosure of criminal history record information to Nacel Open Door / Nacel International School, for the purpose of becoming eligible to work with students of Nacel Open Door / Nacel International Schools, in accordance with the requirements of the United States Department of State governing J-1 Secondary School exchange programs. I understand that any results from the check will be subject to review by Nacel Open Door / Nacel International School administrative staff. The consent given by this authorization form is ongoing until revoked by me in writing. Nacel Open Door may have access to the updated findings of my criminal background check without the need for a new authorization.

Social Security Number: _____ (CBC cannot be processed without an SSN)

Full Name:

First: _____ Middle: _____

Last: _____ **Date of Birth:** _____ (Month/Day/Year)

Maiden / Other names or aliases by which you have been known: _____

Current Address:

Street: _____ (No PO Box addresses, please)

City, State, Zip: _____

County: _____

Phone number where I can be reached to complete or confirm any of the above information: _____

I hereby confirm that the information provided above is accurate and complete. I understand that any omission or falsification may be grounds for termination of any contract or agreement with Nacel Open Door / Nacel International School.

Signature

Date

The Authorization Form will be kept in secure confidence by our Nacel Open Door / Nacel International School Administrative Director / Compliance Officer. The information on the Form will be used by Nacel Open Door / Nacel International School only for the purposes of completing the required background check, and the information will not be sold, published, or otherwise distributed by Nacel Open Door / Nacel International School in any way.