



CRIMINAL BACKGROUND CHECK AUTHORIZATION FORM NACEL OPEN DOOR / NACEL INTERNATIONAL SCHOOLS

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 Nacel Open Door/Nacel International School programs.]

I, _____, hereby authorize Nacel Open Door/ Nacel International School

(Name, please print)

to conduct a national criminal background check on my behalf, and I am providing my full name, address, date of birth, 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 School, 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/ Nacel International school may have access to the updated findings of my criminal background check without need for a new authorization.

Social Security Number: _____ (CBC cannot be processed without a 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 (No PO Box addresses, please):

Street	City	State	Zip	County
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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.