



OSPRA 101
(Updated: 04/09/2024)

**Consent Form for Fingerprinting and Criminal
History Records Searches of Prospective Employees**
(Form to be retained by Covered School)

**Office of School Personnel Review and
Accountability (OSPRA)**
New York State Education Department
Website: <https://www.nysed.gov/educator-integrity>

******* IMPORTANT NOTICE *******

Covered Schools: The OSPRA 101 Consent Form for Fingerprinting and Criminal History Records Searches of Prospective Employees ensures that the prospective employee, who has never been fingerprinted for NYSED purposes before or who needs to be fingerprinted again, has been provided with and reviewed the OSPRA 100 Form which includes the FBI's Privacy Act Statement. This form is to be retained by the covered school for their own records as proof of same. Do not send this form to OSPRA. All requests for clearance for employment are done through the Department's TEACH system. Covered schools must use the online TEACH system to request clearances for employment for their own prospective employees and prospective employees of their contract service providers in accordance with 8 NYCRR Part 87. Covered schools may only submit fingerprint clearance requests for prospective employees.

**Instructions
for
Applicants:**

- Please **completely** fill out sections 1 and 2 of this form which will be retained by your prospective employer. Type or print all information and sign and date at the end.

SECTION 1

Social Security Number:										Date of Birth: (mm/dd/yyyy)		Applicant's Full Name (First, Middle, Last, and Suffix if any):									
Mailing Address:																					
City:					State:			Zip:			Telephone number & area code:										
Name of Covered School:										Position Applied for:											

SECTION 2

1. I am applying for Clearance for Employment in a covered school and have never been fingerprinted before for New York State Education Department purposes or I need to be fingerprinted again, and I understand this form will be retained by the covered school as part of my application.
2. I have read "Fingerprinting Information and Instructions" (OSPRA 100) issued by the State Education Department and understand that the Commissioner of Education is required by law and regulation to request a fingerprint-supported criminal history record from the Division of Criminal Justice Services (DCJS) and the Federal Bureau of Investigation (FBI). The Commissioner is authorized to review such information for the purposes of issuing a clearance for employment or the certificate for which I have applied.
3. I have been informed of the procedures and my right to obtain, review, and challenge the accuracy and completeness, where appropriate, of my criminal history information pursuant to regulations and procedures established by DCJS and the FBI.
4. I understand that I have the right to withdraw my application for employment, without prejudice, any time before employment is offered or declined, regardless of whether a prospective employer or I have reviewed my criminal history information.
5. I understand that I may submit to the Commissioner any information that may be relevant to the consideration of my application including, where applicable, information with regard to my good conduct and rehabilitation.

6. I have been advised that the criminal history record forwarded to the Commissioner by DCJS and the FBI shall be confidential pursuant to the applicable federal and state laws, rules and regulations and shall not be published or in any way disclosed to persons other than the Commissioner unless otherwise authorized by law. I understand, however, that certain information regarding subsequent arrest notifications received by the Commissioner shall be forwarded to my employing school district, charter school, or board of cooperative educational services.
7. I understand that the fee for DCJS and the FBI to conduct a fingerprint supported criminal history background check is established by law.
8. I have been informed of my right to request that my fingerprints be destroyed when I am no longer employed at a school district, charter school or board of cooperative educational services. I also understand that in the event my employment is terminated, and I have not become employed in the same or another school district, charter school or board of cooperative educational services within twelve months of such termination, the Commissioner will notify DCJS of such termination and the record of my fingerprints for the purpose of employment shall be destroyed.

I have read this consent form and hereby authorize and consent for the Commissioner of Education to use my fingerprints to secure my criminal history record from DCJS and the FBI. I declare and affirm that the fingerprints submitted are my own, and that the information I entered on this consent form is true, complete and accurate. I do authorize NYSED to obtain and review my application, criminal records, including arrests, and dispositions as part of their background investigation of my suitability for employment.

Applicant Signature: _____ Date: _____

Covered School's
Fingerprint Coordinator: _____ Date: _____

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