



PARENT/LEGAL GUARDIAN AUTHORIZATION FORM
For Minor Child VECHS Fingerprinting
Volunteer & Employee Criminal History System (VECHS)
for Criminal History Record Checks
under the National Child Protection Act of 1993, as amended,
and Section 943.0542, Florida Statutes

I hereby confirm that I am the parent or legal guardian of _____ (*name of minor child applicant*), and hereby authorize **Polk State College (and/or its authorized vendors/representatives)** to submit a set of his/her fingerprints, along with his/her signed VECHS WAIVER AGREEMENT AND STATEMENT form to the Florida Department of Law Enforcement for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to him/her. I understand that he/she would be able to receive any national criminal history record that may pertain to him/her directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that he/she could then freely disclose any such information to whomever he/she chose. By signing this Authorization Form, it is my intent to authorize _____ (*name of minor child applicant*) to allow the dissemination of any national criminal history record that may pertain to him/her to the Qualified Entity (**Polk State College**) with which he/she is seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes.

I understand that, until the criminal history background check is completed, **Polk State College** may choose to deny _____ (*name of minor child applicant*) unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide him/her a copy of the criminal history background report received, if any, and that he/she is entitled to challenge the accuracy and completeness of any information contained in any such report. He/she may obtain a prompt determination as to the validity of his/her challenge before a final decision is made about his/her status as an employee, volunteer, contractor, or subcontractor.

I do OR do not authorize you to release my criminal history records, if any, to other qualified entities.

_____ (*name of minor child applicant*) is applying as a current or prospective (check one):

Employee Volunteer Contractor/Vendor

Authorizing Parent/Legal Guardian's Signature: _____ Date: _____

Printed Name: _____

Address: _____

Date of Birth: _____

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: Polk State College

Address: 999 Avenue H, NE, Winter Haven, FL 33881-4299

Telephone: 863-297-1070 Fax: 863-297-1075

FDLE Assigned Qualified Entity Number: E53020001

ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY