



Advisers:

Texas Woman's University requires a criminal history background check be completed for each and every adult over the age of 18 attending the workshop. This includes but is not limited to advisers, chaperones, instructors and the North Texas Jostens team.

If you have completed a background check through your school, please complete and return the waiver, not the authorization.

In order to submit the waiver - it must be printed on school letterhead, and signed by your principal.

Anyone who has not had a background check performed, please complete and return the authorization in full.

Thank you in advance for your cooperation.



WAIVER FOR VERIFICATION OF CRIMINAL BACKGROUND

Teacher/ Coach Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email Address: _____ **Phone:** _____

School Affiliation: _____

Camp Name: _____

Camp Date: _____

I verify that the above teacher / coach has a current (within the last 12 months) criminal background check on file at our school.

Principal Name: _____

Principal Signature: _____ **Date:** _____

**JOSTENS SUMMER JOURNALISM WORKSHOP
DISCLOSURE AND AUTHORIZATION
TO OBTAIN CRIMINAL HISTORY REPORT**

Personal Data

_____ Last Name	_____ First Name	_____ Middle Name
_____ Current Address		_____ Dates Lived Here
_____ Addresses for the Past Seven Years: (include street, city, state, zip code)		_____ Dates of Residence:
_____ 		_____
_____ 		_____
_____ Date of Birth	_____ Other Names Used (including maiden name)	_____ Years Used
_____ Social Security Number	_____ Driver's License #	_____ State

Email address (may be used for official correspondence)

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I certify that all of elements of the person data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

_____ Printed Name	_____ Applicant Signature	_____ Date
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