



Thank you for your interest in working with Oxford Community Schools. As a condition of your work with Oxford Schools and as required by Public Acts 68, 83, 97 and 99, a Michigan State Police and F.B.I. criminal records check must be initiated for all employees of the District and contractors, vendors and their employees who work on a regular and continuous basis with the District.

You must present the attached **“Livescan Fingerprint Request”** form to a facility bonded and trained to take electronic fingerprints. Livescan prints can be obtained through the following:

**Oakland Schools Summit Place Campus**

2214 Mall Drive East  
Waterford, MI 48328

All appointments should be done online at [www.osfingerprint.com](http://www.osfingerprint.com). When registering online, the days/dates available will show after clicking on “Make an Appointment”. The cost for fingerprinting is \$65.00, payable by credit card (VISA or MasterCard ONLY) or a money order.

**Personal checks will not be accepted.**

**Oakland County Sheriff’s Department**

1200 N. Telegraph Road  
Pontiac, MI 48341

No appointment is necessary. Their hours are 8:00 a.m. – 4:00 p.m. The cost for fingerprinting is \$69.00 and **must be paid in cash.**

**Lapeer County Courthouse**

Community Corrections (In the basement – Room 83)  
255 Clay Street  
Lapeer, MI 48446

No appointment is necessary. Fingerprinting hours are 8:30 – 11:30 & 1:00 – 4:00. The cost for fingerprinting is \$75.00 and **must be paid in cash.**

**The district does not reimburse for the cost of fingerprinting. After your fingerprint appointment, please return the following completed forms\* to Oxford Community Schools, Human Resources Office, located at 10 N. Washington Street, Oxford, MI 48371 (fax 248-969-5013)**

1. LiveScan Request form (RI-030) dated 05/2017, and
2. Michigan Waiver Agreement (RI-088A) dated 02/2017

\*If you are actively employed in another school district and would like us to request the release of your print results, please return ONLY the Oxford Community Schools Criminal History Record Check and Fingerprint Release Form.

**AUTHORITY:** MCL 28.162, MCL 28.214, MCL 28.248, & MCL 28.273  
**COMPLIANCE:** Voluntary. However, failure to complete this form will result in denial of request.

## LIVE SCAN FINGERPRINT BACKGROUND CHECK REQUEST

**Purpose:** To conduct a civil fingerprint-based background check for employment, to volunteer, or for licensing purposes as authorized by law.

**Instructions:** See page two.

I. Authorizing Information							
1. Fingerprint Reason Code SE	2. Requestor/Agency ID 2066L	3. Agency Name Oxford Comm Schools			4. Individual ID (MNU-OA)		
II. Applicant Information: Type or clearly print answers in all fields before going to be fingerprinted.							
1a. Last Name			1b. First Name			1c. Middle Initial	1d. Suffix
2. Any Alternative Names, Last Names, or Aliases					3. Social Security Number (Optional)		
4. Place of Birth (State or Country)	5. Date of Birth	6. Phone Number		7. Driver's License / State ID Number		8. Issuing State	
9. Home Address			10. City			11. State	12. ZIP Code
13. Sex	14. Race	15. Height	16. Weight	17. Eye Color		18. Hair Color	
III. Live Scan Information							
1. Date Printed	2. Picture ID Type Presented		3. Transaction Control Number (TCN)		4. Live Scan Operator*		
*When an individual ID is provided, please enter the ID into the Miscellaneous Number (MNU) field on the Live Scan device. Select OA - Originating Agency Identifier and then enter the unique identifier in the Identification Code field.							
IV. Privacy Act Statement							
<p><b>Authority:</b> Acquisition, preservation, and exchange of fingerprints and associated information by the Federal Bureau of Investigation (FBI) is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.</p> <p><b>Principal Purpose:</b> Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.</p> <p><b>Routine Uses:</b> During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine Uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.</p>							
V. Procedure to Obtain a Change, Correction, or Update of Identification Records							
<p>If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections, or updating of the alleged deficiency; he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. (28 CFR § 16.34)</p>							
VI. Consent							
<p>I understand that my personal information and biometric data being submitted by Live Scan, will be used to search against identification records from both the Michigan State Police (MSP) and the FBI for the purpose listed above. I hereby authorize the release of my personal information for such purposes and release of any records found to the authorized requesting agency listed above.</p>							
Signature:						Date:	

## INSTRUCTIONS

### Section I:

#### Authorizing Information:

This section is to be completed by the agency authorized to request civil fingerprint-based background checks.

#### 1. Fingerprint Code:

The fingerprint code identifies the authorizing purpose in law allowing the agency to request the civil fingerprint-based background check. For example, School Employment (SE), Child Protection Volunteer (CPV), Health Care employment (HC).

#### 2. Requesting Agency Identification (ID):

The requesting agency ID is assigned to your agency by the MSP. No request for fingerprinting can be completed without an agency ID. Please ensure the correct fingerprinting reason code and agency Identification is used. The MSP will charge for second requests due to incorrect codes.

#### 3. Agency Name:

The agency name is the legal name of the authorized agency. For schools specifically, the agency name is the name recognized by the Michigan Department of Education.

#### 4. Individual ID (MNU-OA)

The Individual ID is a unique identifier specific to the individual requested to submit fingerprints. An ID such as a state issued licensing number, a Personnel Identification Code (PIC) number, or other similar uniquely issued identifier/number.

### Section II:

#### Applicant Information:

This section can be completed by the authorized agency, the individual, or as a joint effort by both. Section II specifically pertains to the demographic information needed in order to obtain the biometric data of the applicant and is a unique identifier specific to the applicant.

### Section III:

#### Live Scan Information:

This section is required to be completed by the Live Scan vendor operator and must be completed at the time of fingerprinting. After fingerprinting, the applicant shall return this signed and completed document to the requesting agency. The Live Scan operator must return a completed copy of the form to the applicant.

**AUTHORITY:** MCL 28.242  
**COMPLIANCE:** Voluntary; however, failure to complete this Agreement will result in denial of request.

## MICHIGAN WAIVER AGREEMENT AND STATEMENT FOR SCHOOLS

### An Individual Applicant's Request for a Fingerprint-Based Criminal History Record Information (CHRI) Background Check Result for a Qualified Entity in Accordance with the Michigan School Volunteer & Employee Criminal History Program

Pursuant to the National Child Protection Act (NCPA) of 1993, as amended by the Volunteers for Children Act (VCA), this form should be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity (i.e. school or management company) under these laws.

I hereby authorize (**enter name of Qualified Entity**) Oxford Community Schools, to receive the results of my state and federal fingerprint-based CHRI background check result for the purpose of evaluating and determining my fitness to have responsibility for the safety and well-being of children or individuals with disabilities. Prior to submitting my fingerprints to the Michigan State Police to conduct a CHRI background check, I will complete, sign, and return this form and a Livescan Fingerprint Background Check Request form (RI-030). I understand the Qualified Entity will retain all required documentation for a period of time no less than prescribed by state or federal laws. By signing this Michigan Waiver Agreement and Statement, it is my intent to authorize the dissemination of any state and national CHRI that may pertain to me to the Qualified Entity with which I am, or am seeking to be, employed or to serve as a volunteer, pursuant to the NCPA VCA.

I understand that until the criminal history background check is completed, the Qualified Entity may choose to deny me unsupervised access to children or individuals with disabilities. I further understand that upon request the Qualified Entity will provide me a copy of the CHRI background results, if any, and that I am entitled to challenge the accuracy and completeness of any information contained in such results. I may obtain a prompt determination as to the validity of my challenge before the Qualified Entity makes a final decision about my status; as an employee, volunteer, contractor, or subcontractor.

Printed/Typed Name		Date of Birth	
Address	City	State	ZIP Code
What is your current or prospective status (check <b>one</b> )? <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor/Vendor			
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide a description of the crime and the particulars of the conviction.			
I understand that I may be asked to assist with obtaining any and all official disposition documentation regarding my conviction.			
If you are an employee, prospective employee, or a volunteer of a public school academy, do you authorize release of your CHRI results to another qualified entity (i.e. school or management company) for a like purpose? If yes, indicate the name of the other qualified entity below. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Name of Other Qualified Entity Not applicable			
Signature		Date Signed	

**ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY**

**Oxford Community Schools**  
 10 N. Washington Street  
 Oxford, MI 48371  
 Phone: 248-969-5029 / 248-969-5090 Fax: 248-969-5013

**SECTION 1: Criminal History Record Check**

**Applicant Information:** Type or clearly print to complete all fields.

First Name	Middle Initial	Last Name
Date of Birth	Race	Gender
Maiden or Previous Name(s) (if any) (1)	(2)	(3)
Position Applied For:		

**Pursuant to 1993 Public Act 68, I represent that:**

*(Note: Answering "yes" does not necessarily disqualify you for employment.)*

- I have not been convicted of or pled guilty or nolo contendere (no contest) to any crimes.
- I have been convicted of or pled guilty or nolo contendere (no contest) to the following crimes (use separate sheet to explain nature of conviction, date, and court):
1. \_\_\_\_\_
  2. \_\_\_\_\_

Michigan's Revised School Code requires school employees to undergo a criminal history record check. If you were fingerprinted after 01/01/2006 under the Michigan school employment reason code "SE," those results may be used only if you have remained continuously active as an employee of the educational institution that employed you at the time you were fingerprinted.

**To determine how to proceed, please answer the following questions:**

		Yes	No
1.	Have you previously been fingerprinted for school employment purposes?		
2.	Are these fingerprints results currently maintained at the school, ISD, company, or agency for which you were printed?		
3.	Have you maintained "regular and continuous" employment with no break in service with said school, ISD, company, or agency since you were printed?		

**If you answered "no" to any of the above questions,** you must be fingerprinted as a condition of employment with Oxford Community Schools. It will be necessary for you to complete the Livescan Fingerprint Request form provided to you as part of that process. Until your print results are received, you are a conditional employee of the district.

**If you answered "yes" to all of the above questions,** please complete the Fingerprint Release part of this form, below.

**SECTION 2: Fingerprint Release Form**

I authorize release of my criminal history records/fingerprint results to Oxford Community Schools from the school district, ISD, company, or agency listed below:

Name & Address of Entity: \_\_\_\_\_

Fax Number or E-Mail: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_