

**Seven Rivers Christian School**  
**WAIVER AGREEMENT AND STATEMENT**  
For Criminal History Record Checks

This form shall be completed and signed by every current or prospective employee and/or volunteer.

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

I hereby authorize **Seven Rivers School** (Name of Qualified Entity) to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing state and national criminal history records that may pertain to me. I understand that I would be able to receive any Florida records and any national criminal history record received by the requesting agency from the Federal Bureau of Investigation (FBI) pursuant to Title 28 Code of Federal Regulations (CFR) Sections 16.30-16.34. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any Florida and national criminal history record that may pertain to me to the qualified entity.

I understand that, until the criminal history background check is completed, the qualified entity may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, the qualified entity will provide me a copy of the criminal history background report, if any, received on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a timely determination as to the validity of my challenge before a final decision is made.

A national criminal history record check has previously been requested by:

\_\_\_\_\_  
(Name and Address of Previous Qualified Entity) (Year of Request)

I  have OR  have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

\_\_\_\_\_

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

I am a current or prospective (check one):  Employee  Volunteer

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

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

Printed Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Seven Rivers Christian School  
4221 W. Gulf to Lake Hwy.  
Lecanto, FL 34461  
Phone: 352.746.5696 - Fax: 352.746.5520  
Entity Number: V09040004

**ORIGINAL- MUST BE RETAINED BY QUALIFIED ENTITY NCPA-003**