

Student Authorization for Screenings Prior to Pre-Service Placements

I, \_\_\_\_\_ hereby authorize the University of Mary Washington College of  
(Applicant Name)

Education to facilitate the following background and health screenings in connection with my application for clinical practicum or internship placements:

- A. A fingerprint search of the Central Criminal Records Exchange and the Federal Bureau of Investigation to determine my eligibility to be employed by or volunteer with an organization that provides care to children. The completed form requesting this search is attached.
- B. A search of the Virginia Child Abuse and Neglect Central Registry to determine whether I have been the subject of a founded case of child abuse or neglect. The completed form requesting this search is attached.
- C. A tuberculosis screening pursuant to current guidelines from the Virginia Department of Health to be conducted by the Rappahanock Health Department.

I authorize the University of Mary Washington College of Education to receive the results of these screenings directly from the applicable entity as appropriate. I understand that the University of Mary Washington College of Education will use the information obtained through these screenings to determine my eligibility to receive a practicum or internship placement in accordance with Virginia laws regarding the employment of teachers by local school divisions. UMW has my consent to share the results of these screenings with any school division with which I receive a pre-service placement and I request that it share those results if asked by a school division to do so.

In addition to the information provided through the above screenings, please answer the following questions:

- |                                                                                                                            |     |    |
|----------------------------------------------------------------------------------------------------------------------------|-----|----|
| Have you ever been convicted of any offense involving the sexual molestation, physical or sexual abuse or rape of a child? | Yes | No |
| Have you ever been convicted of a felony?                                                                                  | Yes | No |
| Have you ever been convicted of a founded case of child abuse or neglect?                                                  | Yes | No |

If you answered “yes” to any of the above, please attach an explanation of the incident and a copy of relevant court documents indicating judgment and disposition. Failure to answer truthfully could subject you to criminal and other penalties under Va. Code §22.1-296.1 in addition to possible consequences under the UMW honor system.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date