

INFORMATION FOR  
**ARIZONA DEPARTMENT OF PUBLIC SAFETY**  
**FINGERPRINT CLEARANCE CARD**

ARIZONA DEPARTMENT OF EDUCATION – CERTIFICATION UNIT

➤ **AZ DPS FINGERPRINT CLEARANCE CARD**

1. Arizona State Statute A.R.S. § 15-534 (B) requires that a certificate holder who applies for any certification service must have a valid fingerprint clearance card.
2. All valid fingerprint clearance cards with an issue date prior to January 1, 2008, will be accepted by Certification.
3. Effective January 1, 2008, per Arizona State Statute A.R.S. § 15-106, all teachers and persons who are required to be fingerprinted to work in the classroom are required to have an **Identity Verified Prints (IVP)** fingerprint clearance card.
4. The applicant must contact the Department of Public Safety ("DPS") by phone, fax or email (see below) to request the form for an **IVP fingerprint clearance card** that is required for ADE teacher certification. The required fee is \$69 made payable to AZ DPS. DPS accepts Cashier's Checks or Money Orders, only.

Once you have received a valid **Identity Verified Prints Fingerprint Clearance Card** (plastic) from the Arizona Department of Public Safety, please submit a photocopy of your plastic IVP fingerprint clearance card, along with your application for certification, to the Arizona Department of Education - Certification Unit.

**DPS by Phone or Fax:**

Arizona Department of Public Safety  
(602) 223-2279 (Phone)  
(602) 223-2947 (Fax)

**DPS by Mail:**

Applicant Clearance Card Team  
Arizona Department of Public Safety  
P.O. Box 18390  
Phoenix, AZ 85005-8390

Physical Address:  
Arizona Department Public Safety (DPS)  
2320 North 20th Avenue  
Phoenix, AZ 85009

**FCRA NOTICE AND ACKNOWLEDGMENT**  
IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT

**NOTICE REGARDING BACKGROUND INVESTIGATION**

Riverside School District ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include, but is not limited to: employment and education verifications; social security number verification; criminal and civil court records; personal interviews; driving records and/or any other public records or any other information bearing on your character, general reputation, personal characteristics and trustworthiness. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report.

The report will be generated by Universal Background Screening (7720 North 16th Street, Suite 200, Phoenix, AZ 85020, 1-877-263-8033) or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**New York applicants only:** You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION (above) and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (separate document) and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Universal Background Screening, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

**Minnesota and Oklahoma applicants only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. [  ]

**Applicants of New York Employers only:** I acknowledge that by signing below, I have also received a copy of Article 23-A of the New York Correction Law, in compliance with Article 25 Section 380-g of the New York General Business Law.

**California applicants only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law. [  ]

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Name (First/Middle/Last)

\_\_\_\_\_  
Social Security Number (SSN)

\_\_\_\_\_  
Driver License State / Number



## Request for Background Check

**Social Security Number**

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**Date of Birth** - used for identification purposes only

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MONTH		DATE		YEAR

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
<b>Other Names Used</b> (maiden name, AKA names, etc.)		

<b>Current Residential Address</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>

List each CITY, STATE and ZIP CODE (if known) where you have lived during the past seven years:

City	State	Zip Code	From Date	To Date	
					[ ]
					[ ]
					[ ]
					[ ]
					[ ]

<b>Driver's License Number</b>	<b>State of Issue</b>
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