This program requires a background check in order to participate in the clinical experiences. This will be done through BCI and needs to be completed by the date your instructor indicates. The cost is $15. Failure to complete this process will result in removal from the program.

Procedure:

1. Fill out top portion of the Application for Criminal History Record.
   - Black ink required
   - List all names used
   - Include all 8 digits of social security number
2. Sign the Release Form to have your records sent to your instructor.
3. Remember to take your application, release form, driver’s license, and $15 Cash, Check, Money Order or Credit Card w/ your name to BCI. If you don’t have a driver’s license, a student ID and birth certificate is acceptable.

Bureau of Criminal Identification

3888 West 5400 South
Taylorsville, UT 84129
801-965-4445
Open 8:00am-5:00pm M-F, except on holidays.
THIRD PARTY RELEASE FORM
Utah Department of Public Safety • Bureau of Criminal Identification 3888 West 5400
South, Taylorsville, Utah 84129

WHEN FILLING OUT THIS FORM, TYPE OR PRINT IN BLACK INK. If you wish to have your criminal history record or certificate of eligibility sent to an individual other than yourself, you must indicate the name of the person or agency to whom you would like the document sent and the mailing address.

<table>
<thead>
<tr>
<th>NAME:</th>
<th>Mary Lee Hackman</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGENCY:</td>
<td>CTEC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MAILING ADDRESS:</th>
<th>825 E 9085 S Sandy UT 84094</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Street/Box number)</td>
<td>(City) (State) (Zip)</td>
</tr>
</tbody>
</table>

I request that the criminal history record or certificate of eligibility for which I applied be released to the individual or agency indicated above at the listed address. I hereby release the Bureau of Criminal Identification from any liability resulting from such release.

Name of applicant (Print): ____________________________

Signature of applicant: ____________________________ Date: ____________


APPLICATION FOR CRIMINAL HISTORY RECORD
Utah Department of Public Safety • Bureau of Criminal Identification
3888 West 5400 South, Taylorsville, Utah 84129 • Telephone: (801)965-4445

WHEN FILLING OUT THIS APPLICATION TYPE OR PRINT IN BLACK INK. Your application will not be processed unless all sections of this form are filled out completely. You will need a valid form of government issued picture ID and $15.00 fee.

NAME: _________________________________ DATE OF BIRTH _________________________________

(First Name) (Middle Name) (Last Name)

PREVIOUSLY USED NAME(S) (Maiden, etc.): ______________________________________________

MAILING ADDRESS: _________________________________ (City) _________________________________

(Street/Box number) (State) (Zip)

PHYSICAL ADDRESS: _________________________________ (City) _________________________________

(Street) (State) (Zip)

HOME PHONE NUMBER: _________________________________ DAYTIME PHONE NUMBER: ________

SOCIAL SECURITY: _________________________________ DRIVER LICENSE # AND STATE: __________

PHYSICAL DESCRIPTION: HGT/____ WGT/____ EYE COLOR/____ SEX/____ RACE/____

I hereby declare that I am the person listed above and am entitled to my criminal record as provided by Utah Code Ann. § 53-10-108(9)(a). The information contained in this written statement is true and correct to the best of my knowledge and I understand that any false statements I make that I do not believe to be true may subject me to criminal punishment as a class B misdemeanor pursuant to Utah Code Ann. §76-8-504.

Signature of applicant: _________________________________ Date: _________________________________

FINGERPRINT INSTRUCTIONS: Only if prints are requested by BCI (OFFICIAL TAKING PRINTS) Confirm identity of applicant with identification that shows photo, signature and date of birth. Confirm ID with the information above, then list the type of government issued ID used and the ID number in the space provided below. Fingerprint the four fingers of the applicant’s right hand simultaneously in the box located in the lower right portion of this form.

This Area must be completed by OFFICIAL TAKING PRINTS

Type of identification used: _________________________________

(Utah Driving Privilege Cards are not valid ID and will not be accepted)

Identification number: _________________________________

Name on ID: _________________________________

Fingerprints taken by: _________________________________ (PRINT NAME)

Agency Name: _________________________________

Badge #: _________________________________ Date Printed: _________________________________

(If applicable)

BUREAU USE ONLY AFIS Confirmation: _________________________________

SID#: _________________________________ R&F: _________________________________

METHOD OF PAYMENT (Only to be filled out if application is mailed in. Check appropriate box for payment)

☐ Check, Money Order or Cashier’s Check (Payable to “BCI”) There will be a $20.00 service charge for any returned check.

☐ Credit Card (cannot use foreign credit cards) must be ☐ Visa ☐ Master Card ☐ Discover ☐ AMEX

Fill out the information below to pay by credit card. *3 or 4 digit control # Exp Date MM/YY

Cardholder signature: _________________________________ Zip Code Associated with Credit Card: _________________________________