



Canyons Technical Education Center

825 East 9085 South • Sandy, Utah 84094
Phone: 801.826.6600 • FAX: 801.826.6609
Doug Hallenbeck, Principal

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 \$20 Cash, Check, Money Order or Credit Card w/ your name** to BCI. If you don't have a driver's license or a Social Security number, your student school ID and birth certificate or passport is acceptable.

Bureau of Criminal Identification

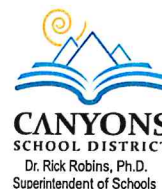
4315 South 2700 West
Suite 1300
Taylorsville, UT 84129

801-965-4445

Open 8:00am-5:00pm M-F, except on holidays.

Email: Doug.hallenbeck@canyonsdistrict.org

Website: <https://ctec.canyonsdistrict.org/>



THIRD PARTY RELEASE FORM

Utah Department of Public Safety • Bureau of Criminal Identification
4315 South 2700 West, Suite 1300, 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.

NAME: Mary Lee Hackman

(Name of Person to Receive Report)

AGENCY: CTEC (if applicable)

MAILING ADDRESS: 825 E 9085 S Sandy UT 84094
(Street/Box number) (City) (State) (Zip)

PHONE NUMBER: _____

EMAIL ADDRESS: _____

EMAIL IS FOR EXPUNGMENT APPLICATIONS ONLY

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:** _____

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Rev 1-5-2023

APPLICATION FOR CRIMINAL HISTORY RECORD

Utah Department of Public Safety • Bureau of Criminal Identification

4315 South 2700 West, Suite 1300, 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 need to send a photocopy of your valid government issued picture ID and \$15.00 fee.**

NAME: _____ **DATE OF BIRTH** _____
(Last Name) (First Name) (Middle Name)

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

MAILING ADDRESS: _____
(Street/Box number) (City) (State) (Zip)

PHYSICAL ADDRESS: _____
(Street) (City) (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: (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 _____

FINGERPRINTS

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: _____

Name on Credit Card: _____