

PLEASE NOTE:

IF YOU WERE FINGERPRINTED TO WORK IN A NYS PUBLIC SCHOOL AFTER JULY 1, 2001 COMPLETE THIS FORM AND SEND IT TO ME AS SOON AS POSSIBLE.

MICHELLE SHERER
ARTS IN EDUCATION
P/NW BOCES
200 BOCES DRIVE
YORKTOWN HEIGHTS, NEW YORK 10598-4399
914/248-2349 fax 914/248-3838 msherer@pnwboces.org

IF YOU WERE FINGER PRINTED TO WORK IN A NEW YORK CITY PUBLIC SCHOOL, THERE IS ANOTHER FORM YOU NEED TO FILL OUT & SUBMIT TO NYC BEFORE THIS FORM. SO CALL ME

THE OSPRA 102 FORM WILL BE SENT TO ALBANY TO BE CHECKED, AND WITH YOU NOTARIZED AFFIDAVIT, COVER YOU UNTIL WE GET THE CLEARANCE REPORT FROM STATE ED SO YOU CAN BEGIN WORKING ON YOUR SCHEDULED DATE.



OSPRA 102 (1/03)

Clearance For Employment Request Form

Type or Print All Information

Office of School Personnel Review and Accountability
 NYS Education Department
 987 Education Building Annex
 Albany, NY 12234
 ph: (518) 473-2998 fax: (518) 473-8812
www.highered.nysed.gov/tcert/ospra
OSPRA@mail.nysed.gov

Instructions

- This form is to be filed to secure a "Clearance for Employment" for an individual who has been previously fingerprinted on New York State Education Department (SED) fingerprint cards or the New York City Department of Education (NYCDOE) fingerprint cards.
- Sections 1 and 3 are to be completed by the prospective employee.
- The school district, charter school or BOCES must complete section 2.

Type or print all information. Inaccurate, incomplete or illegible information will delay processing.

SECTION 1

Name: (Last, First, Middle Initial)		Social Security Number:		Date of Birth: (00/00/0000)	
Mailing Address		City		State	Zip
Phone #:					

SECTION 2

(This section MUST be completed by the school district, charter school or BOCES)

- Please neatly print, type or attach a label in the box below with the name and mailing address of the fingerprint contact person of the school district, charter school or BOCES.
- This form will be returned to the person identified below if SED has no fingerprint application on file for the above individual as of the "OSPRA Processing Dates."
- Make no other marks in the box below or the box to the right of this space.

OSPRA Processing Dates

	(leave blank)	First 6 digits of BEDS code of school district, charter school or BOCES: 489000
		Title of position employee will be placed in: ARTS IN EDUCATION CONSULTANT
	Signature of employer representative or fingerprint contact person:	Date:
		Telephone # of fingerprint contact person: MICHELLE SHERER 914/248-2349

SECTION 3

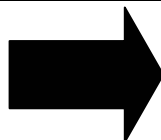
1. I have read "Fingerprinting Information and Instructions" issued by the State Education Department and (SED) have previously submitted fingerprints to SED pursuant to the SAVE legislation.
2. I understand that if I have any questions about my rights, I may contact the OSPRA office at (518) 473-2998. I hereby authorize the Commissioner of Education to review my criminal history record as secured from DCJS and the FBI for the purposes of conducting a determination on a Clearance for Employment as a condition for my new employment. I understand that the Commissioner will forward such final determination to my prospective employer in accordance with Part 87 of the Commissioner's Regulations. I further understand that once the Clearance for Employment is issued, the Commissioner of Education is authorized to forward certain information regarding any subsequent criminal history notifications from DCJS to my new employer

Signature:

Date:

SECTION 4

**Mail or fax
completed
OSPRA 102 to:**



OSPRA
 NYS Education Department
 987 EBA
 Albany, NY 12234
 fax: (518) 473-8812