



**Background Check Profile Form**

**Personal Data - this form must accompany one of the following SCHEV forms:**

- Request for Name Acknowledgement for Postsecondary Institutions
- Administrator Qualification form; and
- Senior Administrator form

Full Name:				Suffix:	
	<i>Last</i>	<i>First</i>	<i>Middle</i>		
Alternate First Name:		Alternate/Maiden Last Name:			
Full Social Security Number		Date of Birth:			
Phone # :	(    )	E-mail Address:			
Current Residential Address :					
Previous Residential Address :					

**Disclaimer and Signature**

I certify that the foregoing statements are true and correct. I do hereby agree, consent and direct that any person or entity maintaining information in any form relating to my criminal history shall release all such information upon request of the State Council of Higher Education for Virginia. I do hereby agree and permit the State Council of Higher Education for Virginia to obtain from any person or entity information relating to my personal background, reputation, and character, and do hereby expressly direct that any such person or entity release such information upon the request of the State Council of Higher Education for Virginia, its agents or representatives, and any person or entity so furnishing information from any and all liability of every kind arising thereof.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_