

SCHEV PPE Portal

1.1.1.1 Downloading Documents to Sign

Some sections of the Certification and Recertification application require a wet signature. Areas that require a signature are represented by an edit icon. Note – not all users are able to download documents.

Background Check

Once the form is completed, please have the President and/or CEO sign, print, scan, and upload a digital version of the form with their signature. Personally identifiable information will be securely encrypted.



Upload

Only PDF files allowed. Once uploaded, file(s) will appear here.

Once the edit icon is clicked, the information will appear as a popup on the screen.

Background Check

Full Name

Title	First	Last	Middle	Suffix
Mr.	Hunter	Thompson	Alan	Jr

Alternate First Name:

Alternate/Maiden Name:

Personally identifiable information (Securely Encrypted)

Social Security Number:

Date of Birth:

Current Residential Address

Street Address: 7202 Branico Dr Ste 200

City: Roanoke State: Virginia Zip: 24018-5344

Previous Residential Address

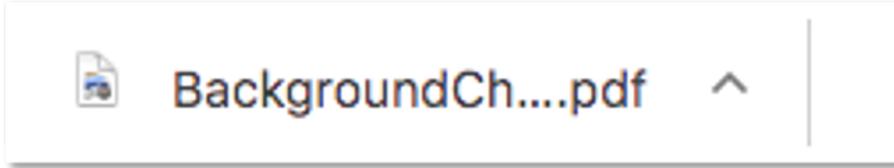
Street Address: 3014 Fendall Ave Fl 10

City: Richmond State: Virginia Zip: 23222-2608

Phone Number: (540) 355-6771 Extension: 123 Email: hunterstompson@books.com

[Download to Sign](#)

The school user will fill out the required information on the screen, then click download to sign. The document is downloaded as a PDF file and when clicked, the completed form (as a PDF file) will open in a new tab.



SCHEV James Monroe Building 101 North Fourteenth Street Richmond, Virginia 23219		STATE COUNCIL OF HIGHER EDUCATION FOR VIRGINIA	Phone: (804) 225-2600 Fax: (804) 225-2604 TDD: (804) 371-8017 Web: www.schev.edu
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Background Check Profile Form

Full Name:	Butler	Kyle	Douglas	Suffix:	Jr
	<i>Last</i>	<i>First</i>	<i>Middle</i>		
Alternate First Name:		Alternate/Maiden Last Name:			
Full Social Security Number	111-11-1111	Date of Birth:	01/01/1980		
Phone # :	(804) 555-5555- 123	E-mail Address:	sarah.mcintosh@egov.com		
Current Residential Address : 119 W Broad St Ste 100 Richmond, VA-23220-4214					
Previous Residential Address :					

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: _____

After the document is signed, the school user will upload the document to the appropriate section.

Note – Some uploaded documents have restrictions that prevent other users from being able to view the document (e.g. Background Check document is only viewable by school admins)