



Background Check Attestation

PRINTED FULL LEGAL NAME: _____

Residence Hall Location:

Instructions: In accordance with Albright College policy and the Pennsylvania Child Protective Services Law, 23 Pa. C.S. § 6301, *et seq.*, you must complete this form if you are requesting to live in a Residence Hall. Your responses below must be complete and truthful. Please read this entire document carefully. If you have any questions, please contact Regan Young in the Public Safety Department (610) 921-7672.

Instructions for form completion:

- Section 1: Please initial
- Section 2: Please check the appropriate box regarding the existence or non-existence of reportable offenses. If you have any question as to whether to report an offense, you should report it. NOTE: The existence of a reportable offense does not necessarily preclude your permission to be on Albright’s campus. Responses will be considered on an individualized basis. Requestor with possible reportable offenses may not be on campus prior to discussion and Albright approval.
- Section 3: Please sign and date where indicated.

Section 1 – Background Checks:

_____ I have the following clearances on file with my employer:

- Pennsylvania State Police Request for Criminal Records Check (Act 34)
- Department of Public Welfare Child Abuse History Clearance (Act 151)
- Federal Criminal History Record Information (CHRI) in a manner prescribed by the Department of Education.
- Sex Offender Registry: Multi-state sex offender registry searches conducted at the state level in all 50 states and the District of Columbia
- Results of drug screening

Section 2 – Information Regarding Reportable Offenses

For purposes of this Section 2, the following are **Reportable Offenses**:

1. A conviction under any of the following provisions of Title 18 of the Pennsylvania Consolidated Statutes, or any offense similar in nature under the laws or former laws of the U.S. or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico, or a foreign nation or under a former law of the Commonwealth of PA, regardless of when it occurred:

- | | | |
|---|---------------------------------------|---|
| • Chapter 25 relating to criminal homicide | • Section 2709.1 relating to stalking | • Section 2902 relating to unlawful restraint |
| • Section 2702 relating to aggravated assault | • Section 2901 relating to kidnapping | • Section 3121 relating to rape |



- Section 3122.1 relating to statutory sexual assault
- Section 3123 relating to involuntary deviate sexual intercourse
- Section 3124.1 relating to sexual assault
- Section 3125 relating to aggravated indecent assault
- Section 3126 relating to indecent assault
- Section 3127 relating to indecent exposure
- Section 4302 relating to incest
- Section 4303 relating to concealing death of a child
- Section 4304 relating to endangering welfare of children
- Section 4305 relating to dealing in infant children
- A felony offense under section 5902(b) relating to prostitution and related offenses
- Section 5903(c) or (d) relating to obscene and other sexual materials and performances
- Section 6301 relating to corruption of minors
- Section 6312 relating to sexual abuse of children
- The attempt, solicitation or conspiracy to commit any of the preceding offenses

2. A felony conviction under the act of April 14, 1972 (P.L. 233, No. 64), known as The Controlled Substance, Drug, Device and Cosmetic Act, or any offense similar in nature under the laws or former laws of the U.S. or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico, or a foreign nation or under a former law of the Commonwealth of PA, within the past five years.
3. Your inclusion in the Pennsylvania Department of Human Service (formerly, Department of Public Welfare) statewide database as a perpetrator of a founded report of child abuse within the past five years.

_____ By initialing here, I certify that I am not the subject of any new Reportable Offense since my clearances were completed.

_____ By initialing here, I certify that I may be the subject of a new Reportable Offense. (PCAs with a possible new offence may not be on Albright campus. I understand that I may not be on Albright campus. An Albright representative will contact the agency to discuss.

Section 3 – Acknowledgement, Affirmation and Signature

By signing below, I acknowledge that:

- False or incomplete statements herein may subject me to be removed from the Albright Campus
- All required clearances are on file with the agency by whom I am employed. A copy of these clearances can be provided to Albright at their request.

I SWEAR OR AFFIRM THAT THE STATEMENTS MADE ABOVE ARE ACCURATE AND COMPLETE.

Resident Signature

Date

Print Name



Employer Name

Date of Clearances on File

Employer's Address

Authorized Representative

Phone Number

This form should be submitted electronically to Regan Young @ ryoung@albright.edu