

School District Certification Form

For programs held at Lock Haven University that include K-12 participants under the supervision of an authorized adult who is an official representative of the school district (i.e. coach, teacher, school employee, authorized volunteer).

All authorized adults who supervise or are otherwise involved with the conduct and oversight of the K-12 students attending the Lock Haven University event listed below are required to have the following satisfactory clearances:

Pennsylvania State Police Request for Criminal Records Check (Act 34), Department of Public Welfare Child Abuse History Clearance (Act 151), and a Federal Criminal History Record Information (CHRI) background check. The School District will maintain records of the clearances and provide a report to the University showing the name, date, and satisfactory clearance status of all personnel involved with the Program if requested. In addition, the University will have the right to review the clearance files to validate that there is no disqualifying information.

Event Name: _____ Date: _____

AUTHORIZED ADULT REQUIREMENTS

_____ (School District) certifies that all authorized adults have satisfactory completed background clearances as listed above.

PARTICIPANT CERTIFICATION

_____ (School District) certifies that participants and parents or legal guardians submitted appropriate documentation, to include health/medical/insurance information, to allow participation in the event referenced above as required by the responsible School District.

School District Administrator

Date