



## INSTRUCTIONS FOR COMPLETING THE VECHS WAIVER AGREEMENT AND STATEMENT FORM

Download the instructions and VECHS Form to your desktop.

- Rename it your **last name, first name** –VECHS Form e.g.: **Doe,John-VECHS Form**  
Open form with Adobe Reader or similar PDF reader.

**Page (2)** you will need to check if you “have” or “have not” been convicted of a crime.

- If you have been previously convicted you will need to complete the text field.

**Page (3)** should be completed by everyone.

- Printed Name: Type your FULL legal name.
- Address: Your current home. Your current home city, state, zip.
- Your DOB.

How to complete the digital signature box.

- 1) Move your cursor into the signature field and click.
  - a) **Users who are not able to sign the form digitally should complete the form on line, print it, sign it, scan it.**
- 2) If you have a digital signature already created then select it and click “sign”.
- 3) If you do NOT have a digital signature created then click the down button in the “Sign As” box at the top of the popup.
- 4) Select “New ID”
- 5) NEW POPUP: Select “As new digital ID I want to create now”. Then next.
- 6) Keep the default checked. Then next.
- 7) Complete the information as requested. Then next.
- 8) We advise keeping the default location selected.
- 9) Create your password. Make sure you can remember it.
- 10) Click “FINISH”.
- 11) NEW POPUP. Enter password (you just created it).
- 12) Click ‘Lock Document after signing”
- 13) Select “sign” and then save
- 14) Upload saved document to your Admission to Teacher Education Application



**VECHS WAIVER AGREEMENT AND STATEMENT  
Volunteer & Employee Criminal History System**

for Criminal History Record Checks

under the National Child Protection Act of 1993, as amended

Pursuant to the National Child Protection Act of 1993, as amended, this form must be completed and signed by every current or prospective employee, volunteer and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize (**enter Name of Qualified Entity**) \_\_\_\_\_ to submit a set of fingerprints through the TBI vendor and this form to the Tennessee Bureau of Investigation (TBI), for the purpose of accessing and reviewing Tennessee and national criminal history that may pertain to me directly from the FBI, pursuant to 28 CFR, Sections 16.30-16.34. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me with a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

**A national criminal history background check on me is being requested by the following:**

**Name of Qualified Entity:**

**Address:**

**City:**

**State:**

**Zip:**

I  have OR  have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

I am a current or prospective (check one):

Employee      Volunteer      Contractor/Vendor

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_



**TO BE COMPLETED BY QUALIFIED ENTITY:**

Entity Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**ORIGINAL MUST BE RETAINED BY QUALIFIED ENTITY  
TO BE COMPLETED BY QUALIFIED ENTITY:**