

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

**Please carefully follow each of the steps below to avoid any issues:**

1. **Adobe Reader Requirement:** Ensure you have Adobe Reader installed on your PC or Mac computer. If not installed, download a free copy from the official Adobe website.
2. **Download and Save the VECHS Waiver Agreement:** Download the VECHS Waiver Agreement and save it to your local storage.
3. **Opening the VECHS Waiver Agreement:** Utilize Adobe Reader to open the downloaded form. (Right-click the file on a PC and select "Open With > Adobe Reader." Your system may default to a different PDF viewer.)
4. **Completing the VECHS Waiver Agreement:** Fill out all designated fields (indicated in blue) within the agreement.
5. **Applying Your Digital Signature:** On page 3, locate the digital signature field marked by a red flag/arrow. Click on it to apply your digital signature. If the red indicator is absent, verify that you opened the form using Adobe Reader.
6. **Saving the Signed Form:** After applying your digital signature, save the completed form to your local storage. Utilize the following naming convention: Last Name, First Name - VECHS Form (e.g., Doe, John - VECHS Form).
7. **Uploading the Completed Form:** Submit the saved document through your Admission to Teacher Education Application or Background Check form.



## 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: \_\_\_\_\_

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**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:**