

SING Background Check

The University of Northern Iowa Teacher Education program requires all students to complete a Single Contact Repository (SING) background check prior to their first field experience.

The **forms are available** in the Office of Teacher Education, located in the Schindler Education Center, room 152, or online on the Teacher Education web page www.uni.edu/teachered. On this page

- hover your mouse over Information for Students
- scroll down to Background Check Procedures
- click on SING Background Check Information
- print, *using Portrait orientation* (not landscape)

The only items you need to fill out are the ones with a star in front of them. Use ink—not pencil—to complete these forms! And, please use your best handwriting so we can read what you've written!

Turn in your forms at the Office of Teacher Education, Schindler 152, along with the **non-refundable** fee, which is \$15. You may pay in cash, by check or money order. **IF YOU PAY WITH CASH YOU MUST HAVE EXACTLY \$15.** Make your check or money order payable to *UNI – Teacher Education*. We cannot add this expense to your u-bill.

You also may mail your SING paperwork and payment to us at:

Office of Teacher Education
Schindler Education Center 152
1227 W 27th St
Cedar Falls, IA 50614-0602

We will **post a certificate** of completion for you in MyUNIverse after we have completed the background check. We will not email you or call you to let you know the background check is done. Allow at least one week for processing from the time you turn in your forms. To access and/or print your certificate:

- log in to MyUNIverse
- go to the My Page tab
- find the Teacher Education heading
- click on Certificate Viewer
- click on Verification of SING background check.

Students should carry a copy of their background check certificate with them when they are at a field experience.

Note: Students who already have a coaching, substitute or para-educator authorization from the Iowa Board of Educational Examiners *may* not need to complete a SING background check. It might be required, however, if the student's field experience is in a Pre-K setting. In these settings the SING background check must be less than two years old. UNI students in Pre-K settings also will need to complete an FBI criminal history check based on their fingerprints. Fingerprinting information and forms are available in the Office of Teacher Education.



This background check is for: Level I Field Experience
 Level II Field Experience
 Other:

My UNI ID # is

Iowa Department of Human Services

Authorization for Release of Child and Dependent Adult Abuse Information

This form must be used to authorize release of child or dependent adult abuse information when the person requesting the information does not have independent access to it under Iowa law. Complete a separate form for each person for whom information is requested and email to dhsabuseregistry@dhs.state.ia.us, or fax to (515) 564-4112, or mail to the Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify which abuse registry you are requesting by checking the appropriate box below:

Child Abuse Registry Dependent Adult Abuse Registry Both

Please specify your preferred method of response by checking a box and completing the information in Section 1.

Address Fax Email

Section 1: To be completed by the person or agency requesting the information.

Requester: Last Cryer	First J.D.	Agency Name University of Northern Iowa	Telephone Number (319) 273-2294
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Address 1227 W 27th St Schindler Education Center 152	Fax Number ()
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City Cedar Falls	State IA	Zip Code 50614-0602	Email JD.Cryer@uni.edu
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List the name and address of the person whose information is being requested:

Name (last, first, middle)	Birth Date	Social Security Number
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Address	City	County	State	Zip Code
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List maiden name, previous married names, and any alias:

What is the purpose of your request for child or dependent adult abuse information?
 Pre-service candidate field experience.

I have read and understand the legal provisions for handling child and dependent adult abuse information which is printed on the second page of this form

Signature of Requestor <i>James W. Cryer</i>	Date 8/28/2018
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Section 2: To be completed by the person authorizing the Department of Human Services to release their child or dependent adult abuse information.

I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse or Dependent Adult Abuse Registry as having abused a child (Iowa Code section 235A.15) or dependent adult (Iowa Code section 235B.6). To the best of my knowledge, the information contained in Section 1 of this form is correct.

Signature of Person Authorizing	Date
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Section 3: To be completed by the Central Abuse Registry or designee.

- The person whose information is being requested is listed on the Child Abuse Registry as having abused a child.
- The person whose information is being requested is not listed on the Child Abuse Registry as having abused a child.
- The person whose information is being requested is listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- The person whose information is being requested is not listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- This request for information is denied because the form is incomplete.

Signature of Registry Staff or Designee	Date
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Comments

LEGAL PROVISIONS FOR HANDLING CHILD AND DEPENDENT ADULT ABUSE INFORMATION

Redissemination of Child and Dependent Adult Abuse Information (Iowa Code sections 235A.17 and 235B.8)

A person, agency, or other recipient of child or dependent adult abuse information shall not disseminate (release) this information, except that dissemination is permitted when **ALL** of the following conditions apply:

- ◆ The dissemination is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.
- ◆ The person to whom such information would be disseminated would have independent access to the same information under Iowa Code sections 235A.15 or 235B.6.
- ◆ A written record is made of the dissemination, including the name of the recipient and the date and purpose of the dissemination.
- ◆ The written record is forwarded to the Central Abuse Registry within 30 days of the dissemination.

Criminal Penalties (Iowa Code sections 235A.21 and 235B.12)

A person is guilty of a criminal offense when the person:

- ◆ Willfully requests, obtains, or seeks to obtain child or dependent adult abuse information under false pretenses, or
- ◆ Willfully communicates or seeks to communicate child or dependent adult abuse information to any agency or person except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8, or
- ◆ Is connected with any research authorized pursuant to Iowa Code sections 235A.15 and 235B.6 and willfully falsifies child or dependent adult abuse information or any records relating to child or dependent adult abuse.

Upon conviction for each offense, the person is guilty of a serious misdemeanor punishable by a fine or imprisonment.

Any person who knowingly, but without criminal purposes, communicates or seeks to communicate child or dependent adult abuse information except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8 is guilty of a simple misdemeanor punishable, upon conviction for each offense, by a fine or imprisonment.

Any reasonable grounds for belief that a person has violated any provision of Iowa Code Chapters 235A or 235B shall be grounds for the immediate withdrawal of any authorized access that person might otherwise have to child or dependent adult abuse information.



STATE OF IOWA

Criminal History Record Check Request Form



University of Northern Iowa
Teacher Education Program
1227 W 27th Street
Cedar Falls, IA 50614-0602



My UNI ID # is

I am requesting an Iowa Criminal History Record Check on:



Last Name (mandatory)	First Name (mandatory)	Middle Name (recommended)



Date of Birth (mandatory)	Gender (mandatory)	Social Security Number (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Release Authorization: Without a signed release from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a signed release from the subject of the request.

This form (DCI-77) is the only approved release authorization form for this purpose.



Release Authorization: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law. I understand this can include information concerning completed deferred judgments and arrests without dispositions.

Release Authorization Signature: _____

Iowa Criminal History Record Check Results

(DCI use only)

As of _____, a search of the provided name and date of birth revealed:

- No Iowa Criminal History Record found with DCI
- Iowa Criminal History Record attached, DCI # _____
DCI initials _____

Release Authorization Information:

Iowa law does ***not*** require a release authorization. However, without a signed release authorization from the subject of the request any arrest over 18 months old, ***without*** a final disposition, cannot be released to a non-law enforcement agency.

Deferred judgments where DCI has received notice of successful completion of probation also cannot be released to non-law enforcement agencies without a signed release authorization from the subject of the request.

If the "No Iowa Criminal History Record found with DCI" box is checked, it could mean that the information on file is not releasable per Iowa law without a signed release authorization.

General Information:

The information requested is based on ***name*** and ***exact date of birth only***. Without fingerprints, a ***positive*** identification cannot be assured. If a person disputes the accuracy of information maintained by the Department, they may challenge the information by writing to the address on the front of this form or personally appearing at DCI headquarters during normal business hours.

The records maintained by the Iowa Department of Public Safety are based upon reports from other criminal justice agencies and therefore, the Department cannot guarantee the completeness of the information provided.

The criminal history record check is of the Iowa Central Repository (DCI) ***only***. The DCI files do not include other states' records, FBI records, or subjects convicted in federal court within Iowa.

In Iowa, a ***deferred judgment is not*** generally considered a conviction once the defendant has been discharged after successfully completing probation. However, it should be noted that a deferred judgment may still be considered as an offense when considering charges for certain specified multiple offense crimes, i.e. second offense OWI. If a disposition reflects that a deferred judgment was given, you may want to inquire of the individual his or her current status.

A ***deferred sentence is*** a conviction. The judge simply withholds implementing a sentence for a certain probationary period. If probation is successful, the sentence is not carried out.

Any questions in reference to Iowa criminal history records can be answered by writing to the address on the front of this form or calling (515) 725-6066 between 8:00 a.m. and 4:00 p.m., Monday - Friday.

REMINDER - (1) Send in a separate Request Form for each last name, (2) a fee is required for each last name submitted, (3) a completed Billing Form must be submitted with all request(s).

Iowa law requires employers to pay the fee for potential employees' record checks.