



## The University of Memphis University Schools TBI/Background Check Policy & Procedure

All teachers, faculty, and staff at The University of Memphis University Schools are required to have a TBI Background Check cleared and on file with the University of Memphis per Tennessee Code Ann. §49-5-413.

Please follow the steps listed below within thirty (30) days of employment. If you are in possession of a TBI Background Check report dated within five (5) years of employment, please send a digital copy in lieu of starting a new background check.

For any questions or concerns, please contact Kerrith Griffin at (901) 678-4200 or [kdgriffn@memphis.edu](mailto:kdgriffn@memphis.edu)

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### **Step One:** Submit the VECHS Waiver

- Please complete and sign the VECHS Waiver (pages 2 & 3) of this document
  - o Retain a copy for your records and send a digital copy to [kdgriffn@memphis.edu](mailto:kdgriffn@memphis.edu)

### **Step Two:** Fingerprint Appointment Registration

- Set-up an appointment through IdentoGO with this [link](#)
- Select “schedule a new appointment” to begin
- Enter the ORI number: **TNCC79271**
- A message will appear asking if you want to be fingerprinted for The University of Memphis: please select ‘yes’
  - o If the ORI Number is entered incorrectly, you will receive an error message
- An acknowledgment/release statement will appear. Please select agree to proceed.
- Please enter the zip code most convenient for you to select a site for fingerprinting.
- Schedule a fingerprint site, date, and time.

### **Step Three:** Fingerprint Appointment

- Please bring a valid driver’s license or state issued ID and method of payment (most locations accept cash or credit card but any specific details will be furnished by the location).
- Upon completion, the results will be sent directly to the University of Memphis.

Upon the completion of your fingerprint appointment, no further steps are needed.



## 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**) The University of Memphis 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:** The University of Memphis

**Address:** 3720 Alumni Ave

**City:** Memphis

**State:** TN      **Zip:** 38152

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: The University of Memphis

Address: 3720 Alumni Ave

City: Memphis State: TN Zip: 38152

Telephone: 901-678-2644 Fax Number: \_\_\_\_\_

**ORIGINAL MUST BE RETAINED BY QUALIFIED ENTITY**