



PARENTAL CONSENT FORM TO FINGERPRINT BACKGROUND CLEARANCE

I, _____, the parent or legal guardian, of _____ (minor), hereby gives consent to Florida SouthWestern State College to obtain a fingerprint background clearance through the Florida Department of Law Enforcement (FDLE) for the minor named above.

I/we understand the live scan fingerprint results are **confidential** and property of Florida SouthWestern State College. I/we understand that Florida SouthWestern State College reserves the right to refuse to allow minor to perform volunteer services at the College, based upon the result of the background check. I/we understand that Florida SouthWestern State College cannot release results of the background clearance.

By signing below, I/we give full consent to Florida SouthWestern State College to obtain a live scan fingerprint clearance of my minor child.

Parent/Guardian Signature: _____ Date: _____

Minor's Signature: _____ Date: _____

Florida SouthWestern State College Staff (witness): _____

Date: _____