

Annex M  
Background Check Waiver

**Waiver Language and Acceptance per University Policy #3014**

Youth Program Campus and Facility Visitor Waiver - Authorization for NCIC Background Screening (BCI Revision 8.8.2018)

I, the undersigned, am requesting access to the Old Dominion University Campus and associated facilities for the purpose of participation in a youth program. I am authorizing the University to request that my name be queried in the National Crime Information Center database upon each entrance to the Campus. I understand this record search is protected by law (Virginia Code 19.2-389) and records located by the search will not be released to the University except as required by law to law enforcement.

I understand these results are not verified by fingerprints. If I wish to challenge the completeness or accuracy of the record search, I must submit a challenge request to the FBI with fingerprints where I may be subject to additional fees. More information can be found at:

<http://fbi.gov/services/cjis/identity-history-summary-checks>

I understand this waiver may be kept on file at this University for a period of at least three years and is subject to review as permitted by Virginia Code 19.2-389. I agree to indemnify and hold harmless Old Dominion University an Agency of the Commonwealth of Virginia, the Commonwealth of Virginia, elected officials, officers, employees, agents, and volunteers associated with this application process from and against all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

A photocopy or electronic copy of this waiver is a valid representation of my original signature and is considered legal and binding just as the original writing of my signature.

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Date