



JATC-North
Background Check Procedure

Your program requires a background check in order to participate in the externship/clinical experiences. This will be done through BCI and will need to be complete by the due date your instructor provides. The cost is \$15. Failure to complete this process will result in removal from your program.

Procedure:

1. Fill out the top part of the **Application for Criminal History Record**.
 - Black Ink required
 - List all names used
 - Include all 8 digits of social security number
2. Sign the **release form** to have your records sent back to JATC so your instructor can give them to the clinic in which you will be working. This form is found on jordantech.org
3. Take your application, the release form and a Driver's License and \$15 to BCI directly. If you don't have a driver's license, then your student ID and your birth certificate will be accepted.

Bureau of Criminal Identification
3888 West 5400 South
Taylorsville, UT 84129
801-965-4445

(West of Bangerter Hwy, near the McDonalds on the North side of 5400 S)

If you have instructor permission, you may mail it in, however, this will significantly delay results getting back to us.

Please contact your instructor if you have questions.



THIRD PARTY RELEASE FORM

Utah Department of Public Safety • Bureau of Criminal Identification
3888 West 5400 South, Taylorsville, Utah 84129

WHEN FILLING OUT THIS FORM, TYPE OR PRINT IN BLACK INK. If you wish to have your criminal history record or certificate of eligibility sent to an individual other than yourself, you must indicate the name of the person or agency to whom you would like the document sent and the mailing address.

NAME: Craig Cottle
(Name of Person to Receive Report)

AGENCY: JATC North (if applicable)

MAILING ADDRESS: 9301 S. Wights Fort Road, West Jordan, UT 84088
(Street/Box number) (City) (State) (Zip)

I request that the criminal history record or certificate of eligibility for which I applied be released to the individual or agency indicated above at the listed address. I hereby release the Bureau of Criminal Identification from any liability resulting from such release.

Name of applicant (Print): _____

Signature of applicant: _____ **Date:** _____

