## Policy on the Protection of Children Information Packet

- 1. <u>Nevada System of Higher Education Board of Regents Handbook (page 2)</u>
- 2. Nevada Department of Health & Human Services Division of Child & Family Services J(pigersity Administrative

University of Nevada Cooperative Extension

University Police Services

4. Acknowledgement Forms (page 9)

Exhibit B:

2. Nevada Department of Health & Human Services Division of Child & Family Services



Recognizing, Reporting and Preventing Child Abuse

Watch recognizing, reporting and preventing child abuse video

F <u>https://www.youtube.com/watch?v=ygVvaCLzYR0</u>

## Fingerprint Background Waiver

As an applicant who is the subject of a national fingerprinbased criminal history record check for noncriminal justice purpose (such as an application for employment or license, an immigration or naturalization matter, security clearance, or adoption), gu have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR)50.12, among other authorities.

y(12 T191862)2110574b@2506Fieod\_m/TU2i1121511774?09538555959585856(112179940/T179422Q84470g32961127)942ate W\*nBT0g/TT212

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for alburposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

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Last:	First:	Middle:
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Agency Account #:		
Agency Representative:		
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## 4. Acknowledgement Forms



Exhibit B

Certification of receiving, reading, and understanding the University of Nevada, Reno Policy on the Protection of Children Information Packet

Name: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby certify that I have received, read, and understood on this date the University of Nevada, Reno Policy on the Protection of Children [UAM 7,002] and its Information Packet and the Nevada System of Higher Education Child Protection Policies.

Signature: \_\_\_\_\_

Exhibit C

Certification of Completion of Online Training Regarding Child Abuse

Name:

Date: \_\_\_\_\_

I hereby certify that on this date I completed the online training regarding child abuse from the State of Nevada Department of Child and Family Services at https://www.youtube.com/watch?v=ygVvaCLzYR0

Signature:

Date:

To: University Police Services

From: \_\_\_\_\_

[Name, I	Department],	[Program/	'Department	Name]
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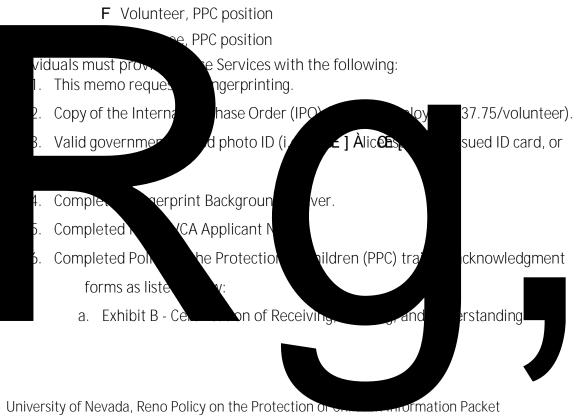
Re: Fingerprint-Based Background Check

Applicant name:

[First and last name]

Fingerprinting Appointments are available Monday through Friday from 8:20am - 4:20pm and can be booked online at <u>http://www.unr.edu/police/services-and-requests</u>. If you are unable to schedule an appointment online, please contact University Police Services at (775) 784-4013 Monday-Friday from 8 a.m. to 5 p.m.

Check the box below that corresponds with your position:



Records, Communications and Compliance Division 333 West Nye Lane, Suite 100 Carson City, Nevada 89706 Telephone (775) 684-6200 ~ Fax (775) 687-3290 www.rccd.nv.gov I have I have not been convicted of/am under pending indictment for the following crimes:

<u>You are required</u> to provide dates, locations/jurisdictions, circumstances and outcome of each conviction and/or pending indictment. Attach a separate sheet if additional space is n (d)4 (iti) Td[(an)ee4 ETQq0 0 612 792 re43