The School Board of Polk County Florida
P.O. Box 391
Bartow, Florida 33830

Office of Safe Schools

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Contractors/Vendors National Sex Offender Public Registry (NSOPR) Form

Name of Company: _____
Address: _____
City: _____

Company Contact: _____
Contact Phone: ( ) _____-_____
Contact Fax: ( ) _____ -_____

Employee Name	Street Address **(No P.O. Box #'s accepted)**	City	State	Zip	Date of Birth	Date of NSOPR Verification	Any findings on NSOPR Search (yes/no)	Verification Office Use Only

This is to certify that all names listed on the form above have been checked through the **National Sex Offender Public Registry** (http://www.nsopr.gov). Further I/we understand that any employee listed above that is a convicted sexual offender/predator is prohibited access to school grounds. Please be advised that failure to report all applicable employees or allowing convicted offenders/predators to represent your company/agency on school campuses will result in an immediate cancellation of all contracts and agreements with your company/agency.

_____ _____ _____

Signature Company Representative Printed Name Date