

**CONTRACTED SERVICES BACKGROUND SCREENING VIA FSSR  
 (FLORIDA SHARED SCHOOL RESULTS PROGRAM)  
 POLK COUNTY PUBLIC SCHOOLS  
 Office of Safe Schools**

Effective September 1, 2005, in accordance with the **Jessica Lunsford Act**, Section 1012.465, Florida Statutes now states, in part, that "... contractual personnel who are permitted access on schools' grounds when students are present, who have direct contact with students, or who have access to or control of school funds must meet Level 2 screening requirements as described in s. 1012.32, F.S. ..." Detailed information can be found on the Polk County Public Schools website <http://www.polk-fl.net/>

To assist contractors/vendors who have concurrent contracts in multiple school districts, the **Florida Shared School Results (FSSR)** system was made available on September 30, 2005. The FSSR system allows contractor/vendors who have been fingerprinted in a school district after August 1, 2005 to have their criminal history results shared with other school districts in Florida. Results are only available on the FSSR system for a period of 90 days from the date that the school district who originally collected the fingerprints submitted them to the FDLE.

Therefore, the undersigned applicant acknowledges that he/she has had fingerprints submitted to the FDLE by another Florida school district **on or after August 1, 2005**, and provides this completed form to the designated staff of Polk County Public Schools, as authorization to obtain his/her criminal history results from the Florida Shared School Results (FSSR) system.

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

School District Originally Printed: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ TCN No. \_\_\_\_\_

**COMPANY/VENDOR INFORMATION**

Company Name: \_\_\_\_\_ Company Contact Name: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_ Email: \_\_\_\_\_

**APPLICANT INFORMATION (Must be the same as submitted in original school district.)**

Last Name		First Name		Middle Name	
Alias (Maiden Name)		Social Security Number		Driver License #	State Issued
Home Address			City	State	Zip Code
Telephone Number		Date of Birth		Place of Birth (State/Country)	
Race	Gender	Hair Color	Eye Color	Height (Ft/In)	Weight (Lbs)

Fingerprint Tech: \_\_\_\_\_

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