## SUU LiveScan Fingerprint Authorization Form For Authorized Adults Working with Minors

As defined by Policy 564 Minors on Campus and athildersity Sponsored Eventsou have been identified as an Authorized Adult working with minors in a Southern Utah University sponsored of co-sponsored program of activity. As such, you are required to complete a LiveScanin Gerprint background treck.

To ensure the completion of your background beck, please carefully readned follow the steps below.

Step 1:	icant information:
RFP/Statute: UC <b>§3</b> B-1-110	
Type of Background <b>6</b> eck: NFUF	
First Name	Middle Name:
Last Name:	Alias/Al <u>iases</u>
Date of Birth Last 4lgits of Applicant	t's SociateQurity Number
l, the undersigned aplicant, certify that the above info Background fock form.	ormation is true and correct and that I have completed the Utah Consent to
Applicant Signature:	Date:
Step2: Get approval from the Adivity's Prog You wil need approval from the Program Directorfoth The Program Drector's signature and billing index are	ne University-sponsored or $oldsymbol{\sigma}$ -sponsored pogram $oldsymbol{\sigma}$ activity involving minors
Program Dector Name:	
Program Name:	
Department Name:	
Department Accounting Index:	
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I, the undersigned ProgramiDector, approve the background beck for the above applicant and athorize the use of the above accounting index to cover the cost of the