

**Lehigh University Department of Education & Human Services
School Clearances Waiver**

I am requesting a waiver to the EHS Department Policy on Student Clearance Checks with regard to some or all of the PDE-required criminal and abuse records checks, and the requirement for a tuberculosis screening. In support of my request, I certify the following:

- I am currently employed by a school/school district;
- I have the following documents on file at my school/school district (check all that apply):
 - FBI Federal Criminal History Record (Act 114)
 - Pennsylvania State Police Criminal Records Check (Act 34)
 - Pennsylvania Child Abuse History Clearance (Act 151); and
 - Tuberculosis Screening (Mantoux or chest X-ray)
- I agree to conduct all course related field work (e.g., observations, student teaching, practicum requirements) and/or research activities that involve contact with children **only within the school or school district in which I am currently employed and where I have the above documents on record (if permitted by my program).**

I understand and affirm that prior to conducting any course related field work and/or research activities that involve contact with children, I will obtain and present to my EHS program coordinator for verification any of the four PDE-required clearance documents (noted above) that are not currently on file with my school/school district.

I further understand that if I choose to conduct any course requirement or initiate any research activity outside of my school/school district, I will be required to follow the standard EHS Department policies on Student Clearance Checks.

Student Signature: _____ Date: _____

Print Name: _____

Please have the appropriate school district administration or designee complete the following:

School / School District Verification

I verify that the above named Lehigh University student is a professional employee in the school/ school district listed below (the "School") and that the School's records indicate that, at the time of hiring, he/she was cleared by the School for the following (check all that apply):

- FBI Federal Criminal History Record (Act 114)
- Pennsylvania State Police Criminal Records Check (Act 34)
- Pennsylvania Child Abuse History Clearance (Act 151)
- Tuberculosis Screening (Mantoux or chest X-ray)

Signature: _____ Date: _____

Print Name: _____ Title: _____

School/School District _____