



## Background Check Certification

Please submit the completed form to [HRbackgrounds@ucf.edu](mailto:HRbackgrounds@ucf.edu)

I, \_\_\_\_\_ (first name& last name), \_\_\_\_\_ (position/title)  
certify that \_\_\_\_\_ (participants first & last name) either  
employed by and/or volunteering for \_\_\_\_\_ (college/dept name) at the  
University of Central Florida has completed a State of Florida Level 2 background check  
pursuant to Chapter 435 Florida Statutes on \_\_\_\_\_ ,(date all background checks  
cleared) which resulted in eligible status.

Signature:

Date:

Phone

Email