



**Background Check Certification**

Please submit this completed form to HRbackground@ucf.edu.

I, \_\_\_\_\_, \_\_\_\_\_, certify that  
(First & Last Name) (Position/Title)

\_\_\_\_\_ either employed by and/or volunteering, for  
(Participant 's First & Last Name)

\_\_\_\_\_ at the University of Central Florida has  
(College/Dept. Name)

completed a State of Florida level 2 background check pursuant to Chapter 435 Florida

Statutes, on \_\_\_\_\_, which resulted in an eligible status.  
(Date all backgrounds cleared)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email