



UNIVERSITY OF CENTRAL FLORIDA
Youth Protection Program
Third Party Organization Background Check Certification

Please submit this completed form to your Campus Liaison at least five days prior to the program start date.

I, _____, _____, certify that all
(First and Last Name) (Position/Title)

program staff, either employed and/or volunteering, for _____
(Program/Activity Name)

being hosted or sponsored by _____ on/between
(Name of Third Party Organization)

_____ at the University of Central Florida have
(Date/s of Program)

completed a State of Florida level 2 background check pursuant to Chapter 435 Florida
Statutes, on _____, which resulted in no returned convictions.
(Date all backgrounds cleared)

Signature

Date

Phone

Email