

**DEPARTMENT OF JUVENILE JUSTICE
OFFICE OF THE INSPECTOR GENERAL
BACKGROUND SCREENING UNIT**

**Affidavit of Compliance with Level 2 Screening Standards
For School Board Personnel**

STATE OF FLORIDA
COUNTY OF _____

I, _____, with the _____,
School Board Representative School Board Location

hereby affirm that all instructional, administrative, and educational support staff, representing the local school board while in a Department of Juvenile Justice or contract provider facility or program, have been fingerprinted by the local school board or Department of Education and the results have been received. I further affirm that these employees meet Level 2 employment screening standards as outlined in section 435.04, Florida Statutes.

SIGNATURE OF AFFIANT

Sworn to and subscribed before me this _____ day of _____, 20_____.

SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

(Print, Type, or Stamp Commissioned Name of Notary Public)

- Affiant personally known to notary
or
- Affiant produced Identification
(check one)

Type of Identification Produced: _____

**DEPARTMENT OF JUVENILE JUSTICE
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List of School Board Personnel

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
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11. _____
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